Construction risk (material
damage and liability) claim form

### IMPORTANT

1. Fully complete all parts of this form, where applicable, to ensure prompt progress of the claim.
2. In support of a claim for lost or damaged items you must submit (either with this claim form or as soon as possible after submission);
	* 1. some evidence of ownership of the item;
		2. a copy of any relevant police report where necessary e.g. stolen property;
		3. written quotations for repair or replacement of each item, or an item of comparable size, quality and performance.
3. In the case of a damage to third party property or third-party bodily injury you should:
	* 1. NOT admit liability to or offer to pay any expenses of a third party;
		2. forward any communications you receive from a third party relating to the incident, immediately to this office;
		3. forward any statements from any witnesses and/or employees, to this office.
4. If there is not enough space for your answer in any section, please write the details on a separate sheet of paper.
5. This form to be completed for any property damage to the contract works itself or any third-party property damage or any third party bodily injury and returned to:

Email: claims@vmia.vic.gov.au

OR

Mail: Claims Department
Victorian Managed Insurance Authority
PO Box 18409, Collins St East, Victoria 8003.

|  |
| --- |
| Insured’s details |
| VMIA insured entity’s name:       |
| Contact person:       |
| Address:       |
| Telephone:       |
| Fax:       |
| Email:       |
| Are you registered for GST purposes?      If yes, what is your ABN:       |
| Have you claimed an input tax credit on the GST applicable to this policy? Yes [ ]  No [ ] If yes, specify the percentage amount claimed:      % |

|  |
| --- |
| Electronic Funds Transfer Details |
| Following VMIA approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details: |
| Name of financial institution:       |
| Account name:       |
| BSB number:       | Account number:       |

|  |
| --- |
| Contract details |
| Name of parties e.g. principal and contractors to this building / construction contract:       |
| Date contract signed:       |
| Date of commencement of works:       |
| Due date for practical completion:       |
| Value of contract works:       |
| Name of party making this claim:       |

|  |
| --- |
| Property damage / Loss details |
| Date of incident:       |
| Time of incident:       |
| When was the incident first reported to you?       |
| How did the damage / loss occur?       |
| Where there any witnesses to the damage / loss? Yes [ ]  No [ ] If yes, please provide the witness name, address and telephone number:       |
| Was a report made to the Police? Yes [ ]  No[ ] If yes, please provide the Police report number:       |
| **Schedule of property losses** |
| **Description** | **Purchase cost** | **Salvage value (if any)** | **Asset register no. (if applicable)** |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |

|  |
| --- |
| Personal injury details |
| Date of incident:       |
| Time of incident:       |
| When was the incident first reported to you?       |
| Name(s) of injured person(s):       |
| Nature of injury:       |
| Treatment provided:       |
| Particulars of incident / what happened?       |
| Where there any witnesses to the damage / loss? Yes [ ]  No [ ] If yes, please provide the witness name, address and telephone number:       |

|  |
| --- |
| Declaration |
| I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I consent to VMIA using personal information I have provided on this form for the purpose of processing the claim. However, I understand that if I choose not to provide the required details, this is my choice and that VMIA may not be able to process the claim. I consent to VMIA disclosing personal information to other insurers or as required by law. I consent to VMIA also disclosing personal information to and/or collecting additional information from investigators, legal advisers, medical advisers, actuaries or other advisers whom VMIA may engage to assist in processing this claim.  |
| Name: |
| Signature:  | Date:      /     /      |

Any personal information you provide (or provided by a third-party such as a government body) in this Form is being collected by the VMIA for the purpose of administering VMIA’s functions, under s6 of the Victorian Managed Insurance Authority Act 1996 (Vic), namely to provide insurance, risk advisory and claims handling services. Any personal information you provide will be treated according to the requirements of the Privacy and Data Protection Act 2014 (Vic), the Information Privacy Principles and the Victorian Protective Data Security Standards. VMIA will not act or engage in any practice that contravenes these provisions. Information will be handled in line with VMIA's Privacy Policy. You have the right to access and correct your personal information. Requests for access should be sent to the Privacy Officer, VMIA, PO Box 18409, Collins Street East, VIC 8003 or privacy@vmia.vic.gov.au.