



CONSTRUCTION WORKS - PROPERTY DAMAGE REPORT

Please return the completed application form and all requested supporting documentation to your nearest HIA Insurance Services office. Please make sure all questions are completed.

Email: hiais@aon.com.au

Website: www.hiainsurance.com.au

Phone: 1800 633 467

> Section 1 INSURED DETAILS

Names of Insured:

Postal Address:

State:

Postcode:

Contact:

Position:

Business Phone:

Home Phone:

Mobile:

Facsimile:

Email Address:

> Section 2 POLICY DETAILS

Policy Number:

Expiry Date:

> gst and insurance claims supplementary information

Registered Business:

 NO YES ▶

A.B.N. No:

Have you claimed an input tax credit on the GST applicable to this policy? (if you are registered and have an ABN No.)

 NO YES

Is the amount claimed less than 100% of the GST applicable to the premium?

 NO YES (Please specify the percentage amount claimed) %

> Section 3 CONTRACT/PROJECT/JOB DETAILS

Job Site Address:

State:

Postcode:

Name of Owner:

Description of Contract: New Construction Renovation Maintenance

Other:

Contract Price:

Start Date:

Finish Date:

> Section 4 DAMAGE/LOSS DETAILS

Date of the Event: Time

Address where event happened: State: Postcode:

Describe how the loss/damage occurred:

How was the loss discovered, and by whom?

Are you the owner of the lost/damaged property?
 YES NO (Please give details of all of the other parties and their interest in the property)
Name:

Address: State: Postcode:

Was the lost/damaged property:
1. Subject to a lease or another agreement? NO YES (Please provide details below)
2. Covered under another insurance policy? NO YES (Please provide details below)

Please provide a detailed explanation for all questions answered YES under Lost/Damaged Property:

What steps have been taken to minimise damage to the property?

Has any property been recovered?
 NO YES (Please provide details below)

Were the police notified?
 NO YES (Please provide details below and attach a copy of the report)

Date of the Report:
Station: Officer:

Please provide details of any other party responsible for the damage.
Name: Phone:
Address: State: Postcode:

Details of their responsibility:

If a subcontractor is responsible please provide the following information
Occupation/Trade: Name of the Subcontractors Public Liability Insurer

Policy Number:



Section 5 THEFT OF MATERIALS AND APPLIANCES FROM A BUILDING SITE ADDITIONAL INFORMATION REQUIRED

NOTE: All Sections of this form must be completed to assist in the prompt handling of the claim.

> building stage of project at time of theft

Slab
 Frame
 Lockup
 Fix
 Completed Prehandover
 Advise Completion Date:

Other:

How was the entry gained?

Are there occupied premises nearby?

Is there street lighting?

Have there been other thefts from this site/adjoining sites?

NO
 YES
 NOT SURE

Where they reported?

NO
 YES
 NOT SURE

How long are the goods/materials on site?

Are there any suspects?

NO
 YES
 NOT SURE

Could the property be identified again?

NO
 YES
 NOT SURE

Is the site fenced?

NO
 YES

Was there any static or security patrols?

NO
 YES

Other security strategies?

NO
 YES

What trades/contractors were still working on site? (Please provide details)

What lock/keying system do you use for the site?

Do you programme your works to minimise theft?

NO
 YES (How? – please provide details below)

Who delivered the goods/materials to the site? (Please provide details of the carrier company)

Was delivery acceptance signed for?

NO
 YES (By Whom? – please provide details below)

When were the goods/materials delivered?



Section 6 FIRE DAMAGE

NOTE: Please complete this section for fire damage.

Who was in the premises at the time of the damage?

For what purpose?

