

Owner Builder Construction Claim Form



How to contact AOBIS:

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Urgent enquiries

Ph: 1300 220 782

Enquiries@acerta.com.au

IMPORTANT NOTICE RELATING TO THIS APPLICATION
Please read this section before you complete the Application.

Duty of Disclosure

Under the Insurance Contracts Act 1984, You have a duty of disclosure. This means before You enter into a contract of general insurance with an insurer, You have a duty to disclose to the insurer every matter that You know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

You have the same duty to disclose those matters to the insurer before You renew, extend, vary or reinstate a contract of general insurance.

Your duty does not require disclosure of any matter:

- that diminishes the risk to be undertaken by the insurer;
- that is of common knowledge;
- that Your insurer knows or, in the ordinary course of its business, ought to know;
- as to which compliance with Your duty is waived by the insurer.

Non-Disclosure

Under the Insurance Contracts Act 1984, You have a duty of disclosure. This means before You enter into a contract of general insurance with an insurer, You have a duty to disclose to the insurer every matter that You know, or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of insurance and, if so, on what terms.

Privacy

We respect Your rights to privacy and are committed to complying with all applicable privacy laws. These laws include the Privacy Act 1988, which incorporates the National Privacy Principles for the fair handling of personal information.

By entering into this insurance contract with Us You agree to the collection, use and disclosure of Your personal and sensitive information:

- for the primary purpose of evaluating, effecting, managing and administering this or any other insurance Cover, or financial service or product provided to You previously, currently or in the future by Us, any related company, or in conjunction with Us;
- from or to Your insurance intermediary, or from or to Our service providers (including but not limited to lawyers, claims consultants and reinsurers);
- if we are required or permitted to do so by law;
- about Your health, Your criminal convictions (with the exception of Your spent criminal convictions), membership of associations, where appropriate and only for the above stated primary purpose;
- for the secondary purpose of informing You of other products and services offered by Us, Our related corporations or Your intermediary and to test and improve upon the insurance systems used to manage Your Policy.

If You do not provide the requested personal information, We may not be able to evaluate, effect, manage or administer Your Cover and You may be in breach of Your duty of disclosure.

You may access personal information We hold about You by writing to Us or calling Us on 1300 223 782 during office hours, or contact Your intermediary regarding any personal information they may hold about You. We generally provide the information We hold free of charge.

AOBIS AFSL 308705 ABN 95 122 431 654



Owner Builder Construction Claim Form



Loss or Damage continued

If your claim involves theft or malicious damage, it must be reported to the police.

Name of police station that the incident was reported to

Date reported / /

Name of police officer

Police officer report number

Theft of property

Item number:	Item(s) Stolen	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$

Damage to property

Item number:	Item(s) Damaged	Amount Claimed
		\$
		\$
		\$
		\$
		\$
		\$

Third Party Liability

Did injury to third parties occur? Yes No If yes, please provide the following details of the injured person.

Injured person's name:

Injured person's address:

Contact telephone number

Was the person working on site? Yes No

Date and time of injury Date / / Time am/pm

Was hospitalisation required? Yes No



Witnesses

Name of witness one

Tel No:

Postal Address

Name of witness two

Tel No:

Postal Address

Did Work Cover attend?

Yes No

Direct deposit

Should any part of this claim be payable to you please provide your bank account details for direct deposit purposes.

Name of Account:

BSB:

A/C Number:

Bank Name:

Declaration

I declare that, to the best of my knowledge and belief, the information in this form is true and correct and I understand the claim may be refused or reduced if information is withheld.

I understand that I may have to provide relevant documentation to enable complete consideration of my claim.

I consent to Guild and its agents using the personal information I have provided on this form for the purposes of processing my claim. Accordingly, I consent to Guild and its agents obtaining or disclosing my personal information as required with other insurers, insurance reference bureaus, credit reporting agencies, loss adjusters, investigators, lawyers or as required by law to do so.

Signature of insured or person with authority to sign for and on behalf of a company or partnership.

Signature:

Date: / /

Please indicate the number of additional pages attached to this claim form: