



How to contact AOBIS:

underwriter@AOBIS.com.au Ph: 1300 850 131

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



AOBIS Claim Form Page 1



Policy Information

Contact Person Postal Address: Business Ph:	Policy No.:	Claim No.:
Postal Address: Business Ph: Home Ph: Mobile: E-mail: Preferred method of contact: Is there any other insurance policy covering this property? Yes No If Yes, please provide the following: Name of Insurer: Policy number: Expiry date: / / Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other If Other, describe when: How did the damage occur?	Insured (Surname)	First Name:
Business Ph: Home Ph: Mobile: E-mail: Preferred method of contact: Is there any other insurance policy covering this property? Yes No If Yes, please provide the following: Name of Insurer: Policy number: Expiry date: / / Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other If Other, describe when: How did the damage occur?	Contact Person	
Mobile: E-mail: Preferred method of contact: Is there any other insurance policy covering this property? Yes No If Yes, please provide the following: Name of Insurer: Policy number: Expiny date: / / Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other If Other, describe when: How did the damage occur?	Postal Address:	
Preferred method of contact: Is there any other insurance policy covering this property? Yes No If Yes, please provide the following: Name of Insurer: Policy number: Expiry date: / / Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other If Other, describe when: How did the damage occur? Estimate amount of claim: \$	Business Ph:	Home Ph:
Is there any other insurance policy covering this property? Yes No If Yes, please provide the following: Name of Insurer: Policy number: Expiry date: / / Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other for the damage occur? Estimate amount of claim: \$	Mobile:	E-mail:
Name of Insurer: Policy number: Expiry date: / / Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? f Other, describe when: How did the damage occur? Estimate amount of claim: \$	Preferred method of contact:	
Policy number: Expiry date: / / Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other Other, describe when: How did the damage occur?	Is there any other insurance policy covering this property?	Yes No If Yes, please provide the following:
Owner Builder Site Details Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other How did the damage occur? Estimate amount of claim: \$	Name of Insurer:	
Site Address: Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other Other, describe when: How did the damage occur? Estimate amount of claim: \$	Policy number:	Expiry date: / /
Date of Loss: / / Contract period commenced: / / Date of practical completion: / / Loss or Damage Did the loss, damage or injury occur during? Construction Period Other If Other, describe when: How did the damage occur? Estimate amount of claim: \$	Owner Builder Site Details	
Loss or Damage Did the loss, damage or injury occur during? Construction Period Other Other How did the damage occur? Estimate amount of claim: \$	Site Address:	
Did the loss, damage or injury occur during? Construction Period Other Other How did the damage occur? Estimate amount of claim: \$	Date of Loss: / / Contract period commenced: /	/ Date of practical completion: / /
If Other, describe when: How did the damage occur? Estimate amount of claim: \$	Loss or Damage	
How did the damage occur? Estimate amount of claim: \$	Did the loss, damage or injury occur during?	Construction Period Other
Estimate amount of claim: \$	If Other, describe when:	
	How did the damage occur?	
	Estimate amount of claim: \$	
Did any other party, other trian the insured, cause the loss, damage of injury: Tes - No - In Tes, please provide details.		go or injuny? You No If You please provide details
	Did any other party, other than the insured, cause the loss, damag	ge of injury: Tes - TNO - IT Tes, please provide details.

AOBIS Claim Form Page 2



Loss or Damage continued

If your claim involve	s theft or malicious damage, it must be reported	to the police.			
Name of police stat	ion that the incident was reported to				
Date reported	/ /				
Name of police office	er	Police offie rep	ort numb	oer	
Theft of pro	perty				
Item number:	Item(s) Stolen			Amount (Claimed
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
Damage to	· · ·			1.	
Item number:	Item(s) Damaged			Amount (Claimed
				\$	
				\$	
				\$	
				\$	
				\$	
				\$	
Third Party	Liability				
Did injury to third pa	arties occur? Yes \square No \square If yes, plea	ase provide the	e following	g details of the ir	njured person.
Injured person's nar	ne:				
Injured person's add	dress:				
Contact telephone	number				
Was the person wo	rking on site?	□ No□			
Date and time of inj	ury Dat	e /	/	Time	am/pm
Was hospitalisation	required? Yes	□No□			





Third Party Liability continued					
What injuries were sustained?					
Do you consider anyone else to be responsible for the injury?				Yes L No L It	f Yes, why?
Third Party Damage					
Did third party property damage occur?				Yes No	
Contact name of third party					
Postal Address					
Date and time of incident	Date	/	/	Time	am/pm
What was the damage? (including consequential loss of profits)					





Witnesses

	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 p	please provide your bank account details for direct deposit purposes.
Name of Account:	
BSB: A/C N	lumber:
Bank Name:	
Section 1997	
Declaration	
	nd belief, the information in this form is true and correct and I understand nation is withheld.
I declare that, to the best of my knowledge a the claim may be refused or reduced if inform	
I declare that, to the best of my knowledge a the claim may be refused or reduced if inform I understand that I may have to provide relev I consent to Guild and its agents using the processing my claim. Accordingly, I consent	nation is withheld.
I declare that, to the best of my knowledge a the claim may be refused or reduced if inform I understand that I may have to provide relev I consent to Guild and its agents using the processing my claim. Accordingly, I consent as required with other insurers, insurance refulawyers or as required by law to do so.	ant documentation to enable complete consideration of my claim. ersonal information I have provided on this form for the purposes of to Guild and its agents obtaining or disclosing my personal information
I declare that, to the best of my knowledge a the claim may be refused or reduced if inform I understand that I may have to provide relev I consent to Guild and its agents using the processing my claim. Accordingly, I consent as required with other insurers, insurance refulawyers or as required by law to do so.	nation is withheld. ant documentation to enable complete consideration of my claim. ersonal information I have provided on this form for the purposes of to Guild and its agents obtaining or disclosing my personal information erence bureaus, credit reporting agencies, loss adjusters, investigators,

Australian Owner Builders

Australian Owner Builders
Insurance Services Pty Ltd
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