

# Annual Construction Insurance Claim Form

Please complete this form and email it to [claims@hutchunderwriting.com.au](mailto:claims@hutchunderwriting.com.au)

Alternatively, please complete our [online claim form](#) and submit it directly to our system for faster processing.

**Policy  
Holder  
Details**

Insured Name

Contact Name

Phone number(s)

Email

Address

Policy number

HCO

**GST / ABN**

*If registered for GST, please provide your ABN and Input Tax Credit percentage.*



The Clear Way to Better Cover

W: [hutchunderwriting.com.au/claims](http://hutchunderwriting.com.au/claims) T: [1300 256 056](tel:1300256056)

Hutch Underwriting Pty Ltd ABN 846 552 56 134, L8, 17 Bridge Street, Sydney, NSW, 2000.

Hutch is an Authorised Representative (number 001296345) of CoverRadar Group Pty Ltd, ABN 146 412 25 809, AFS Licence number 523647, of L8, 17 Bridge Street, Sydney, NSW 2000.



UNDERWRITING

**Broker  
Details**

Broker email

Broker phone number

**Reported by**

*Contact Type*

*broker; builder; subcontractor*

Name

Phone number(s)

Email



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## Contract Details

Address of Contract Site

Brief description of contract project

Name of Principal

Estimated contract value

Value of works completed when incident / loss occurred

Commencement date of Contract Works

Date of expected practical completion

Defects liability period



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## Loss or Incident Details

Date and time of loss

Location Address of Loss

Cause of Loss

List all affected property and specific damage/loss sustained to same. Specify owner of each item listed.

Amount claimed, if known

*If applicable, breakdown of components of total amount.*



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	<b>Any third party responsible for loss or damage?</b> <i>If yes, provide details.</i>
	<b>Any demand or notice of claim received or anticipated from or on behalf of third parties?</b> <i>If yes, provide details.</i>
	<b>Any actions take to mitigate, reduce or recover loss?</b> <i>If so, provide details</i>
<b>Other Insurance</b>	<b>Any other insurance covering damage or loss?</b> <i>If yes, provide details.</i>



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## Police/Other Authority Details

Reported to Police?

If yes, police incident no, date reported and station reported to

Reported to any other Authority (ie, WorkCover)

If yes, provide details of same, including to whom reported, date reported and any action taken by the Authority in response.

## Contacts

Contact type

Name

Phone

Email

Preferred contact method



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## Bank Account details

### Account name

*For any settlement / payment.*

### BSB Number

### Account Number

## Attachments

Photos of damage

Invoice or quote

Repair or damage report

Original purchase invoice

Police report

Any other relevant documents

*Itemise your list of attachments.*



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## Additional information

*If you have any other information, or your information does not fit with the field space allocated please provide it here.*



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