

SECTION 1 CLAIMS NOTICE FORM – SEPTEMBER 2013

Your Policy is arranged by Ensurance Underwriting Pty Ltd and Section 1 is underwritten by HSB Engineering Insurance Limited.

This form is issued to enable HSB Engineering Underwriting Limited to initiate any claim which might arise, and it is therefore essential that the questions asked be fully and accurately answered.

NO LIABILITY IS ADMITTED BY THE ISSUE OF THIS FORM

POLICY DETAILS

Your name & policy number

Your address
& telephone
number

Are you aware of the existence of any other insurance policy (whether or not in Your name) which would provide either partial or complete coverage for the damage? **Yes / No** * Delete as applicable

If so, please give details

Has any claim been made on you either verbally or in writing? **Yes / No** * Delete as applicable

If so, please give details and enclose any third party communications

INCIDENT DETAILS

General Incident Details

Place date and time of incident

Who reported the incident to you and at what time?

Was the incident due to any breakdown or defect in works, machinery or plant? **Yes / No** * Delete as applicable

If so, please give details

Can the incident be attributed to fault or negligence? **Yes / No** * Delete as applicable

If so, please give details of the party at fault or negligence including their employer details



Describe fully how the incident occurred (please detail more fully on attached papers including any sketches where you feel they are appropriate)

Describe fully the damage sustained (please detail more fully on attached papers including any sketches where you feel they are appropriate)

For damage occurring during transit, loading onto or the unloading there off, please the name and address of the carriers and the mode of conveyance used

Was the consignment at the carriers or your risk? The carriers risk / Our risk * Delete as applicable

If the damage occurred during loading or unloading, who carried out that operation and what method was used?

For damage occurring by theft, please confirm if any other steps been taken to identify the potential thief or recover the property? Yes / No * Delete as applicable If so, please give details

WITNESSES

Names, addresses and their relationship to you

DECLARATION

I / We declare that the whole of the statements made by me / us in this Claim Notice Form are in every respect true to the best of my / our knowledge and that no person(s) has / have an interest in the damage or liability other than as stated herein.

Signature

Date

Print Name and Title