



Tokio Marine & Nichido Fire Insurance Co., Ltd.
 ABN 80 000 438 291
 Managing Agent in Australia:
 Tokio Marine Management (Australasia) Pty. Ltd.
 ABN 69 001 488 455
 Level 31, 9 Castlereagh Street, Sydney NSW 2000
 GPO Box 4616, Sydney NSW 2001
 Tel. (02) 9232 2833 Fax. (02) 9232 6374

<http://www.tokiomarine.com.au>

Email: claimsinfo@tokiomarine.com.au

PLEASE USE CAPITALS TO FILL IN CLAIM FORM

Contract Works Claim Form (Material Damage/Loss)

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.
 IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.

Please fill in all relevant sections

Policy Number	<input type="text"/>		
Name of Insured	<input type="text"/>		
Postal Address	<input type="text"/>		Postcode <input type="text"/>
	<input type="text"/>		
Contact Person	<input type="text"/>		
Phone No	<input type="text"/>	Mobile Number	<input type="text"/>
Contact Email Address	<input type="text"/>		

Goods and Services Tax - To ensure you do not incur any unnecessary GST liability on this claim, please advise your:

ABN	<input type="text"/>	Entitlement to ITC in respect of	Premium % Claim %
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Contract/Project Details

Name of Project site owner	<input type="text"/>		
Project site Address	<input type="text"/>		Postcode <input type="text"/>
	<input type="text"/>		
Is the project:	<input type="checkbox"/> Residential Construction <input type="checkbox"/> Commercial Construction <input type="checkbox"/> Maintenance <input type="checkbox"/> New Construction <input type="checkbox"/> Renovation <input type="checkbox"/> Display Home <input type="checkbox"/> Other		
Contract Start Date	<input type="text"/>	Contract End Date	<input type="text"/>
Contract Price	<input type="text"/>	Maintenance Period	<input type="text"/>

Damage/loss details

Date of damage/ loss	<input type="text"/>	Time of damage/ loss	<input type="text"/> AM/PM
Location of damage/ loss	<input type="text"/>		Postcode <input type="text"/>
	<input type="text"/>		
Description of how the damage/ loss occurred	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
How was the damage/loss discovered and by whom?	<input type="text"/>		
	<input type="text"/>		
Is your claim for malicious damage or theft?	<input type="text"/>		
How was entry gained?	<input type="text"/>		
	<input type="text"/>		
Were the police notified?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Reported <input type="text"/>
Police report number	<input type="text"/>		
Who is the owner of the damaged/ lost property	Name <input type="text"/>		
	Address <input type="text"/>		
			Postcode <input type="text"/>
Contact Telephone Number(s)	<input type="text"/>	<input type="text"/>	

Please provide details of any other party responsible for the damage/ loss

