

IMPORTANT NOTES

FOR YOUR INFORMATION

- 1 Ensure you:
 - a. observe the principles of Utmost Good Faith,
 - b. comply with your Duty of Disclosure,
 - c. comply with the General Condition of the Policy relating to Claim Conduct,
 - d. comply with the General Condition of the Policy relating to Fraud, and
 - e. comply with the General Condition of the Policy (in Policies containing a Public Liability Section) relating to Admission of Liability.
- 2 MECON Insurance Pty Ltd has an obligation to you to handle your claim efficiently and in accordance with the Policy. In the unlikely event that a dispute with MECON arises in relation to your claim, please refer to the Important Information on Disputes contained in the Policy for guidance.
- 3 Please answer all questions relating to your claim in full to assist MECON in processing your claim as efficiently as possible.
- 4 To assist in the efficiency of MECON's claims process please attach copies of the following documents (should you have them in your possession):
 - ▼ Initial purchase invoices (supporting data and proof of purchase/ownership)
 - ▼ Repair quotations
 - ▼ Repair invoices
 - ▼ Any writ (should this be a liability claim)
 - ▼ Summons
 - ▼ Letters of demand
 - ▼ Complaints received in relation to the claim
 - ▼ If hired equipment, please provide a copy of the hire agreement
 - ▼ Any further documents you believe would assist in the claims process
 - ▼ If you are unable to fit your answers in the boxes supplied, please attach a covering page with the full details.

PRIVACY STATEMENT

MECON is committed to protecting your privacy in accordance with the *Privacy Act 1988* (Cth) (Privacy Act) and the Australian Privacy Principles (APPs). This Privacy Statement outlines how we collect, disclose and handle Your personal information (including sensitive information) as defined in the Act.

Why We Collect Your Personal Information

We collect Your personal information (including sensitive information) so we can:

- ▼ identify you and conduct necessary checks;
- ▼ determine what service or products we can provide to you e.g. offer our insurance products;
- ▼ issue, manage and administer services and products provided to you or others, including claims investigation, handling and settlement;
- ▼ improve our services and products e.g. training and development of our representatives, product and service research and data analysis and business strategy development, and
- ▼ make special offers of other services and products provided by us or those we have an association with, that might be of interest to you.

What Happens If You Don't Give Us Your Personal Information

If you choose not to provide us with the information we have requested, we may not be able to provide you with our services or products or properly manage and administer services and products provided to you or others.

How We Collect Your Personal Information

Collection can take place by telephone email, or in writing and through websites (from data you input directly or through cookies and other web analytic tools). We collect it directly from you unless you have consented to collection from someone other than you, it is unreasonable or impracticable for us to do so or the law permits us to. If you provide us with personal information about another person, you must only do so with their consent and agree to make them aware of this privacy notice.

Who We Disclose Your Personal Information To

We share your personal information with third parties for the collection purposes noted above.

The third parties include: our related companies and our representatives who provide services for us, the Insurer, other insurers and reinsurers, your agents, our legal, accounting and other professional advisers, data warehouses and consultants, social media and other similar sites and networks, membership, loyalty and rewards programs or partners, providers of medical and non-medical assistance and services, investigators, loss assessors and adjusters, other parties we may be able to claim or recover against, and anyone either of us appoint to review and handle complaints or disputes and any other parties where permitted or required by law.

We may need to disclose information to persons located overseas. Who they are may change from time to time.

You can contact us for details or refer to our Privacy Policy available at our website <http://mecon.com.au/about-us/privacy-policy/>. In some cases we may not be able to take reasonable steps to ensure they do not breach the Privacy Act and they may not be subject to the same level of protection or obligations that are offered by the Act. By proceeding to acquire our services and products you agree that you cannot seek redress under the Act or against us (to the extent permitted by law) and may not be able to seek redress overseas.

More Information, Access, Correction or Complaints

For more information about our privacy practices including how we collect, use or disclose information, how to access or seek correction to your information or how to complain in relation to a breach of the Australian Privacy Principles and how such a complaint will be handled, please refer to our Privacy Policy available at our website or by contacting us (our contact details are below).

Contact Us & Opting Out

By proceeding with your application or submitting your claim, you and any other person included on this Policy, consent to this use and these disclosures unless you tell us otherwise. If you wish to withdraw your consent, including for things such as receiving information on products and offers by us or persons we have an association with, please contact us on the details below.

CONTACT US

MECON Insurance Pty Ltd | A.B.N. 29 059 310 904 | AFSL 253106
PO Box R1789 Royal Exchange NSW 1225 | P (02) 9252 1040 | F. (02) 9252 1050 | claims@mecon.com.au

1. INSURED'S DETAILS

Policy Details	<input type="text"/> Policy Number	<input type="text"/> Brokers Claim Number
Name of Insured	<input type="text"/>	
Contact Person	<input type="text"/> First Name	<input type="text"/> Last Name
	<input type="text"/> Work Phone Number	<input type="text"/> Home Phone Number
	<input type="text"/> Mobile Phone Number	<input type="text"/> Email
Contact Address	<input type="text"/> Number, Street Address	
	<input type="text"/> City / Suburb	<input type="text"/> State
		<input type="text"/> Postcode

2. GOODS AND SERVICES TAX (GST) DETAILS

Goods and Services Tax	Are you Registered for GST	Yes <input type="checkbox"/> No <input type="checkbox"/>
	GST % (If varied from 100%)	<input type="text"/> Percentage
Australian Business Number	<input type="text"/> ABN	

3. INSURED'S GENERAL INFORMATION

Loss Information	<input type="text"/> Date of Loss	<input type="text"/> Time of Loss / Event
	Did the loss occur on private property?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Did the loss occur on a public road or public place?	Yes <input type="checkbox"/> No <input type="checkbox"/>
	Please provide location of where the loss occurred:	
	<input type="text"/> Number, Street Address	
	<input type="text"/> City / Suburb	<input type="text"/> State
		<input type="text"/> Postcode
	Was the property hired in or hired out? (If Yes please provide copy of hire agreement)	Yes <input type="checkbox"/> No <input type="checkbox"/>
Plant Items	Was a vehicle or plant involved?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide description:	<input type="text"/> Description of Plant	
	<input type="text"/> Registration Number	<input type="text"/> Serial Number
Driver Information	Was the driver licensed to drive/operate the vehicle or plant?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide driver details Also include a copy of the license held.	<input type="text"/> Drivers Name	<input type="text"/> Date of Birth
	<input type="text"/> Type of Licence	<input type="text"/> Licence Number
Police	Was the loss or damage reported to the Police or other authority?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, please provide details of the report.	<input type="text"/> Report number	

Name of officer

Police station or office

If No, please provide reason for not reporting.

If Police or other authority charges were laid or are pending, please advise details.

4. CATEGORY OF CLAIM

Category Does the claim refer to loss or damage to plant, equipment or tools? If 'Yes', (Do not complete Section 6) Yes No

Does the claim refer to damage to third party property or injury or death to third parties? If 'Yes', (Do not complete Section 5) Yes No

Please note: If you have answered Yes to both questions at point 4. Please complete all sections of the form.

5. LOSS OR DAMAGE TO PLANT, EQUIPMENT OR TOOLS

What happened?

Description of lost or damaged item(s).
If required, use additional space on page 5 or alternatively attach list and / or proof of purchase.

Responsibility

At the time of the incident who owned the lost or damaged property?

Owners Name

In your opinion who is responsible for the loss or damage?

Person Responsible for the Loss

What is the relationship of the responsible party to your company?

Relationship

Financial Losses

Will your company suffer any financial losses in addition to the damage/loss due to this Damage/loss? Yes No

Estimate of material loss or damage

Estimate of financial loss

Provide Details:

Witness(es)

Were there any witnesses? Yes No

If 'Yes' please provide details below.

Witness # 1

Witness 1 - Full Name

Witness # 2

Witness 2 - Full Name

Street Address

Phone Number

Email Address

Street Address

Phone Number

Email Address

Do you have, or do you know of, any other insurance under which the loss or damage may be claimed? Yes No

If Yes, please provide details of other Insurance cover

6. DAMAGE TO THIRD PARTY PROPERTY OR INJURY (OR DEATH) TO PEOPLE

What happened?

What is damaged and/or what injuries were suffered?

Name, address and contact details of the owner of the damaged / lost property or the injured (deceased) third party / parties.

First Name

Last Name

Number, Street Address

City / Suburb

State

Postcode

Phone Number

Mobile Phone Number

Action Taken

Was another vehicle involved? No Yes

Make

Type

Rego number

Insurance Company

Policy/claim number

If a third party was injured, was hospitalisation required?

Yes No

Relationship to you or your company

Relationship

Witness(es)

Were there any witnesses? If 'Yes' please provide details below.

Yes No

Witness # 1

Witness 1 - Full Name

Street Address

Phone Number

Witness # 2

Witness 2 - Full Name

Street Address

Phone Number

Email Address

Email Address

Has any claim been made against you by the injured party/parties?

Yes No

If Yes, please attach copies of all correspondence relating to the claim.

Responsibility

Have you admitted responsibility to any third party? If 'Yes, please provide details.

Yes No

Do you feel responsible for the damage and / or injury? If 'Yes, please justify your answer.

Yes No

ADDITIONAL SPACE IF REQUIRED

DECLARATION AND SIGNATURE BY PROPOSER

I / we certify that the information given in this claim form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I / we understand that this claim may be refused in whole if the information is knowingly untrue, inaccurate or concealed from MECON Insurance Pty Ltd.

Signed

Name

Title / Position

Signed

Dated