
WESTCONNEX
CLAIM QUESTIONNAIRE

The purpose of this questionnaire is to collate preliminary information regarding the effects of the WestConnex project on any or all of the following:

- (i) your property, assuming you are the owner of a property in the construction area (see **Section B**);
- (ii) your business, assuming you are the owner of a business in the construction area (see **Section C**); and/or
- (iii) your mental and physical health, assuming you have been a resident in the construction area, and have suffered adverse health effects which may be causally related to the construction (see **Section D**).

This information will be used by Dentons in relation to any potential legal action to recover losses suffered as a result of the WestConnex project.

All information provided to Dentons will be dealt with in accordance with Denton's Privacy Policy. You can view details of that policy on our website at <https://www.dentons.com/en/privacy-policy>. Any information you receive from Dentons should be kept strictly confidential and may be subject to legal privilege.

Please do your best to answer these questions as accurately as possible.

Please complete Section A (Personal Details), and any of Sections B, C and D that apply to you.

If you own more than one affected property or business, please complete a separate questionnaire for each.

Please return your completed form to the Dentons by email at westconnex@dentons.com, or by post to the contact details below, keeping a copy of the completed questionnaire for your own records:

Westconnex Team
Dentons
Level 13
77 Castlereagh St
SYDNEY NSW 2000

SECTION A. YOUR PERSONAL DETAILS

A1. Name			
A2. Current address			
Suburb		Post Code	
A3. Email Address			
A4. Telephone Number			
A5. Mobile Number			
A6. Date Form Completed			

Suburb your affected property/business is/was located in:		State:	
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Please tick the boxes that apply to you and then complete the relevant sections below:

- My **property** has been affected by the WestConnex construction
Please complete Section B
- My **business** has been affected by WestConnex construction
Please complete Section C
- My **health** has been affected by WestConnex construction
Please complete Section D

SECTION B. YOUR PROPERTY CLAIM			
B1. Name of registered property owner(s)	<input type="text"/>		
B2. Address of impacted property	<input type="text"/>		
Suburb	<input type="text"/>	Post Code	<input type="text"/>
B3. Land use	Residential <input type="checkbox"/>	No. Bedrooms	<input type="text"/>
	Mixed use <input type="checkbox"/>	Size (m ²)	<input type="text"/>
	Other (please specify)	<input type="text"/>	
B4. Date of purchase	Month <input type="text"/>	Year	<input type="text"/>
B5. Current owner?	Yes <input type="checkbox"/>	No	<input type="checkbox"/>
	If no, when sold?	<input type="text"/>	
	If no, was it a compulsory acquisition?	<input type="text"/>	
B6. Purchase price	A\$	<input type="text"/>	
B7. Has a test/report/investigation revealed damage to your property caused by WestConnex construction?	Yes	<input type="checkbox"/>	
	No	<input type="checkbox"/>	
	Not tested	<input type="checkbox"/>	
B8. If "yes", please give details of the test results	<input type="text"/>		
B9. What damage has occurred at your property that you believe was caused by the WestConnex construction?	<input type="text"/>		
B10. From what source/s do you believe the damage has emanated (e.g. above ground construction, below ground construction, direct or indirect construction etc)?	<input type="text"/>		
B11. Has the construction interfered with your usual use and/or enjoyment of the property? If yes, please give details.	<input type="text"/>		
B12. Estimated value of property pre-construction	A\$	<input type="text"/>	
B13. Estimated value of property post-construction	A\$	<input type="text"/>	

B14. Any other comments you wish to add?

SECTION C. YOUR BUSINESS CLAIM	
C1. Name of business	<input type="text"/>
C2. ABN / ACN	ABN: <input type="text"/> ACN: <input type="text"/>
C3. Address of impacted business	<input type="text"/>
Suburb	<input type="text"/> Post Code <input type="text"/>
C4. Type of business	Please specify <input type="text"/>
C5. Current business owner/operator?	Yes <input type="checkbox"/> No <input type="checkbox"/>
C5. Has a test/report/investigation revealed damage to your property was caused by WestConnex construction?	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	Not tested <input type="checkbox"/>
C6. If "yes", please give details of the test results	<input type="text"/>
C7. What damage has occurred at your business that you believe was caused by the WestConnex construction?	<input type="text"/>
C8. From what source do you believe the damage has emanated (e.g. above ground construction, below ground construction, direct or indirect construction etc)?	<input type="text"/>
C9. Has the construction interfered with your usual use of the business? If yes, please give details.	<input type="text"/>
C10. Estimated average annual profit / loss <u>pre</u> construction	A\$ <input type="text"/>
C11. Estimated average annual profit / loss <u>post</u> construction	A\$ <input type="text"/>

C12. Any other comments you wish to add?

SECTION D. YOUR HEALTH ¹	
D1. Name of person	<input type="text"/>
D2. Date of birth	<input type="text"/>
D3. Date of exposure to WestConnex construction (approx.)	From: <input type="text"/>
	To: <input type="text"/>
D4. Have you suffered from any of the following health conditions since the construction began (or if pre-existing, was exacerbated by the construction)? Y/N	Respiratory distress <input type="checkbox"/>
	Asthma <input type="checkbox"/>
	Heart disease <input type="checkbox"/>
	Stroke <input type="checkbox"/>
	Mental distress/anxiety <input type="checkbox"/>
	Headaches <input type="checkbox"/>
	Hearing loss <input type="checkbox"/>
	Physical injury directly related to construction (please specify) <input type="checkbox"/>
	Other (please specify) <input type="checkbox"/>

¹ Please note: any potential legal proceedings are likely to relate to economic losses only (i.e. compensation for damage to property and business values), and NOT claims for personal injury. However, the extent to which you have suffered adverse health effects potentially associated with the WestConnex construction may be relevant to the size of your economic loss claim.

