

UAA

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INDUSTRIAL SPECIAL PLANT INSURANCE CLAIM FORM

DETAILS OF OUR INSURED

Policy Number: _____

Name of Insured: _____

Insured Contact Person: _____

Address: _____

Phone Number/s: _____ Mobile No: _____

Fax Number: _____ Email Address: _____

GST DETAILS

Are you registered for GST purposes? YES / NO

What is your ABN? _____

What is your Income Tax Credit (ITC) Entitlement? _____%

INSURED PLANT / VEHICLE

Make & Model: _____ Year: _____ Colour: _____

Registration Number: _____ Odometer Reading (klms/hours): _____

Serial / Engine Number: _____ Carrying Capacity (tonnes): _____

Registered Owner of Plant / Vehicle: _____
(Please attach copy of Registration Papers)

Date of Purchase: _____ Is the Item under Finance? YES / NO _____

Details of Financier: _____

Their Address: _____ Phone: _____

DAMAGE TO INSURED PLANT / VEHICLE

What is the extent of damage to your Plant / Vehicle? _____

Where can it be inspected? _____

Was your Plant / Vehicle towed? If so by whom? _____

If you have obtained repair quotes, please attach.

Can the Plant / Vehicle be driven safely? _____

Was the Plant / Vehicle hired at the time? YES / NO

If Yes, **Wet** or **Dry** Hire (**Wet** with your Operator, **Dry** without your own Operator, please circle)

Who hired Plant / Vehicle? _____

Their Address: _____

Were conditions of hire agreed upon prior to job? YES / NO (*If Yes, please attach copy*)

Describe the task being performed at time of accident: _____

DETAILS OF DRIVER / OPERATOR

Name: _____

Address: _____

Phone Number: _____ Date of Birth: _____

Licence Number: _____ Expiry Date: _____ Years Licenced: _____

Operators Ticket Details: _____ Years Licenced: _____

What is your experience with operating this type of machine? _____

Are you an employee? YES / NO If No, state relationship: _____

How long employed by Insured Company? _____

Have you been reported for or convicted of any offence in connection with the use, operation or control of any mobile machinery or motor vehicles during the previous 5 years? YES / NO

If Yes, please provide details: _____

Did you consume any intoxicating liquor or take any drugs during the twelve hours (12) prior to the accident? YES / NO

If Yes, please provide details: _____

Did you undergo a breath test or blood test for alcohol/drugs? YES / NO

If Yes, what were the results: _____

ACCIDENT / LOSS DETAILS

Date: _____ Day: _____ Time: _____ AM/PM

Street: _____ Suburb: _____ Postcode: _____

How did the accident occur? **(Please provide a precise description)** _____

What was the condition of the road / site? _____

What speed was the Plant / Vehicle doing at time of accident? _____

Estimate speed of the other party at time of accident: _____

Who do you consider at fault? Yourself / Other Party. If other party state why: _____

Were there any witnesses? If so please provide details: _____

Was the accident / loss reported to: The Police and / or WorkCover? _____

Name of officer: _____

At which Police Station: _____ Date reported: _____

Name of person who reported the matter to Authorities: _____

Did the police state who was responsible? YES / NO. If Yes, who: _____

PARTICULARS OF OTHER PARTIES INVOLVED

Name of Driver: _____ Age: _____

Address: _____

Licence No: _____ Type of Vehicle: _____

Rego No: _____ Name of Owner: _____

Owner's Address: _____

_____ Phone No: _____

Their Insurance Company: _____ Policy Number: _____

Description of their loss / damage: _____

Did this vehicle/machine have to be towed away from accident scene? YES / NO

If more than one Third Party involved, please provide details on a separate piece of paper and attach to this form.

LEGEND

Please draw a sketch of the accident / site location. Indicate centre of roadway, direction and locations of vehicles, and location of traffic.

Index: Indicate Insured's vehicle (A), Other Party's vehicles (B) (C) (D) etc.

(Please name Third Party)

DECLARATION

I/We declare that the whole of the above information and answers given are true in every detail and no information has been withheld.

IMPORTANT: No repairs or alterations to the damaged Plant / Vehicle should be made until approved by this Company.

Claims by other parties. No liability of any sort shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured.

Driver's Signature: _____ Date: _____

Insured's Signature: _____ Date: _____

PRIVACY NOTICE: We are bound by the Privacy Act and its associated national privacy principles when we collect and handle your personal information. We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our Underwriters, Loss Assessors and other service providers. You can seek access to and if necessary collect your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things you must tell us before you provide the relevant information. I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Signature of Insured: _____ Date: _____