

Plant & Machinery Claim Form



SECTION A INSURED'S DETAILS

Policy Number: _____ Broker Claim No.: _____

Insured Name: _____ Trading As: _____

Contact Person: _____

Telephone: _____ Fax: _____

Email: _____

Postal Address: _____

Broker Name: _____ Broker Telephone: _____

Broker Email: _____

Do you have, or know of, any other insurance policies under which this loss or damage may be claimed? Yes (List Details) _____ No

SECTION B GOODS AND SERVICES TAX (GST) DETAILS

Registered for GST: Yes No

Australian Business Number (ABN): _____ GST percentage, if not 100% _____ %

SECTION C GENERAL CLAIM DETAILS

Date of Loss: _____ Time of Loss: _____

Description of Plant or Vehicle involved, including year of manufacture: _____

Registration No.: _____ Engine / Serial No.: _____

Was the driver licensed to drive / operate the vehicle or plant? Yes No

Please provide driver details and a copy of their licence:

Driver Name: _____ Date of Birth: _____

Type of Licence: _____ Licence No.: _____

Was the driver a paid employee of the insured? Yes No

Did the driver have the consent and knowledge of the insured? Yes No

Did the driver consume any alcohol or drugs during the 12 hours preceding the accident?

Yes (Provide Details) _____ No

Did the driver undergo a breath or blood test or analysis? Yes No

If Yes, provide results: _____

Did the loss occur on: Private Property A Public Road / Place

Provide the location of where the loss occurred: _____

Was the loss or damage reported to the police? Yes No

If Yes, provide details: Name of Officer: _____

Police Station: _____ Report No.: _____

If No, provide reason why not reported: _____

If any charges were laid or are pending, please provide details: _____

SECTION D LOSS OR DAMAGE TO PLANT & MACHINERY

Please describe the incident: _____

Description of lost or damaged item(s): (Attach list if insufficient space. Also attach proof of purchase for lost or damaged items.)

Item Name	Value (\$AU)
_____	_____
_____	_____
_____	_____
_____	_____

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

Is the property being claimed for under a Financial Agreement? Yes No

Name of Financier: _____ Contract No.: _____

In your opinion, who was responsible for the loss or damage, and why? _____

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

Will your company suffer any additional losses as a result of this loss or damage?

Yes No

If Yes, provide details: _____

Estimate of Material Loss or Damage

Estimate of Additional Financial Loss

\$

\$

Were there any witnesses to this incident? Yes (List Below) No

Name: _____ Telephone: _____

Postal Address: _____

SECTION E THIRD PARTY PROPERTY DAMAGE OR INJURY / DEATH

Please describe the incident: _____

What was damaged and / or what injuries were suffered? _____

Details of the owner of the damaged / lost property or the injured / deceased third party:

Name: _____ Telephone: _____

Postal Address: _____

Describe your actions at the scene of the incident and any subsequent actions: _____

If a third party was injured, was hospitalisation required? Yes No

If Yes, provide details: _____

Were there any witnesses to this incident? Yes (List Below) No

Name: _____ Telephone: _____

Postal Address: _____

Has any claim been made against you by the injured party? Yes No

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

Have you admitted responsibility in any way to the third party? Yes No

If Yes, please provide details: _____

If you feel responsible for the damage and / or injury, please explain why: _____

SECTION F PAYMENT DETAILS

How would you prefer to receive any applicable payment?

Cheque sent to postal address Direct Deposit into nominated bank account

Name of Bank: _____ Account Name: _____

BSB No.: _____ Account No.: _____

SECTION G PRIVACY

ATC Insurance Solutions respects its insured's privacy and complies with the Privacy Act and the National Privacy Principles. A copy of ATC Insurance Solutions' privacy policy is available by contacting our office or visiting our website at www.atcis.com.au.

SECTION H DECLARATION AND SIGNATURE

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 given is knowingly untrue, inaccurate or concealed from ATC Insurance Solution or its Service Providers.

Signature: _____ Date: _____

Name: _____ Position: _____