

contractors plant & equipment claim form



If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Claim Number Policy Number

Dear Insured,
*Please complete and return to Vero Construction and Engineering Claims at one of the addresses below. Also, please assist us by obtaining full itemised **repair/replacement quotations for the property which has been damaged.***

For Vic, Tas, SA and NT

Level 10, 15 William St
Melbourne VIC 3000
DX 273, Melbourne
Telephone: 03 9245 8111
Facsimile: 03 9245 8027
Email: engineeringclaims@vero.com.au
Website: www.veroengineering.com.au

For NSW, ACT, Qld and WA

Level 11, 60 Margaret St
Sydney NSW 2000
DX10282, Sydney Stock Exchange
Telephone: 02 9295 4310
Facsimile: 02 9295 4470
Email: engineeringclaims@vero.com.au
Website: www.veroengineering.com.au

Section 1 insured and policy details

Full name of equipment owner (insured)

Postal address

Email State Postcode
Telephone B/H () Telephone A/H ()
Mobile Facsimile ()

Section 2 goods and services tax (This section must be completed for ALL claims)

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.
Are you registered for GST purposes? No Yes What is your ABN?
If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy?
No Yes Is the amount claimed less than 100% of the GST applicable to the premium? No Yes Specify the percentage amount claimed %

Section 3 insured equipment

Make Model
Year Manufactured Colour
Registration No., Fleet No. or Asset No.
Engine Number Serial Number
Carrying Capacity Purchase date / /
Registered owner of equipment
Is the equipment subject to any finance or leasing agreement or other interested party No Yes (Please provide details below)
Full name of the interested party
 Postal address
 State Postcode
Account Number Telephone ()

Section 4 accident/loss details (to be completed by the driver/operator)

Date / / Time am/pm

Address of where the damage occurred State Postcode

Describe in detail how the accident occurred (please include a diagram on page 3 of this claim form)

What was the condition of the road/site eg wet, dry, gravel, sealed, unsealed, etc

What speed was the plant/vehicle doing at the time of accident

Whom do you consider at fault Yourself Other Party (Please provide details why)

Were there any witnesses? No Yes (Please provide contact details below)

Full name Address

Telephone () State Postcode

Full name Address

Telephone () State Postcode

Was the accident/loss reported to Police WorkCover/WorkSafe

Company incident report completed No Yes (Please attach a full copy)

How was the loss/damage discovered, and by whom?

Where the Police were notified? (Please provide details below and attach a copy of the report)

Date reported to Police / / Time am/pm Police Report Number

Police Station the accident/loss was reported to Police Officer

Name of the person who reported the matter to authorities

Did the police state who was responsible No Yes (Please provide details below)

Was anyone charged No Yes (Please provide details below)

Name Charge(s)

Section 5 details of driver/operator

Full name Address

Telephone () State Postcode

Operators Licence Number Expiry Date / / Date of Birth / /

(Attach a copy of both sides of your licence.)

What is your experience operating this type of machine

Are you an employee Yes No (Please provide details below)

How long have you been 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 past 5 years No Yes (Please provide details below)

Section 5 details of driver/operator (continued)

Did you consume any intoxicating liquor or take any drugs (including prescription drugs) during the twelve hours prior to the accident

No Yes (Please provide full details)

Did you undergo a breath test or blood test for alcohol/drugs No Yes (Please provide full details of the test results below)

Section 6 damage to insured equipment

What is the extent of the damage to your equipment?

Address of where it can be inspected?

State Postcode

Was the equipment moved/transported? No Yes (Please provide details below)

Repair Estimate \$ If you have obtained repair quotes, please attach.

Can the equipment be driven safely Yes No

Section 7 particulars of other parties involved

Full name of driver

Address

Telephone

()

State

Postcode

Type of vehicle/property

Full name of owner

Address

Telephone

()

State

Postcode

Insurance Company

Policy Number

Description of the loss/damage

(If more than one party involved, please provide details on a separate sheet of paper and attach.)

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)

Section 8 privacy statement

The Privacy Act 1988 (Cth) (as amended) requires us to inform you that:

Purpose of collection

We collect personal information (this information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purpose of:

- providing insurance services to you;
- evaluating your application for insurance;
- evaluating any request for any amendment to any insurance provided;
- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and if covered, managing claims made in relation to any insurance you have with us or other companies within the group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other companies within the group,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claims investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067.

For personal claimants

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- obtaining personal information from, other parties, including those shown in the privacy statement, for any of these purposes.

For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to

- disclose to you personal information about that person and to consent to its use for the purposes shown in the privacy statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Section 9 declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation above.

I/We declare that the answers I/We have given in this claim form and information I/We have supplied to Vero is true and correct and that I/We have not withheld any information relevant to this claim. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Driver/Operator's name

Signature

Date

Claimant name

Signature

Date