

contractors plant & equipment theft/malicious damage 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

PO Box 294, Collins St West
Melbourne VIC 8007

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

Locked Bag 25
Australia Square NSW 1215

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		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Email	<input type="text"/>	State	Postcode
Telephone B/H	()	Telephone A/H	()
Mobile	<input type="text"/>	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	<input type="text"/>	Model	<input type="text"/>
Year Manufactured	<input type="text"/>	Colour	<input type="text"/>
Registration No.,	<input type="text"/>	Fleet No. or Asset No.	<input type="text"/>
Engine Number	<input type="text"/>	Serial Number	<input type="text"/>
Carrying Capacity	<input type="text"/>	Purchase price	\$ <input type="text"/>

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		
<input type="text"/>	<input type="text"/>		
<input type="text"/>	<input type="text"/>		
Account Number	<input type="text"/>	Telephone	()
Amount outstanding	\$ <input type="text"/>	Date of last payment	/ /

Section 3 insured equipment (continued)

From whom was the equipment purchased Date of purchase / /

List all extras fitted to the equipment and any distinguishing features or markings

List all modifications made to the equipment other than standard manufacture

Section 4 theft or damage details

Date / / Time am/pm

Has the equipment been stolen No Yes

Where was your equipment at the time of the theft or malicious damage (be specific eg car park, on the street, address of site, area on work site)

Why was the equipment parked there

Name of person in charge of the equipment at the time of the theft or damage Address

Contact Telephone () State Postcode

Police Station the theft/malicious damage was reported to Police Officer

Date of Police Report / / Time Reported am/pm

Police Report Number

Name of the person who reported the matter to authorities

Have you made a previous theft claim No Yes (Please provide details below)

Did you ever try to sell the equipment before its theft No Yes (Please provide details below)

Was an anti-theft device fitted No Yes (Please provide details below)
Make of device

Was the machine locked No Yes Were the keys removed No Yes

How many sets of keys are there to the equipment

Section 6 damage to insured equipment

Has the equipment been recovered No Yes

If the equipment was recovered damaged
What is the extent of the damage to your plant/vehicle?

List all items stolen

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

Can the equipment be driven safely Yes No

Full name of repairer at which the equipment can be inspected Address

Telephone () State Postcode

Section 6 damage to insured equipment (continued)

Is the equipment at repairers Yes No (Please provide details below of when it will be available for inspection at repairers)

Is there anything else you wish to advise

Please attach or keep all invoices/receipts and photographs to support your claim. Do not destroy or otherwise relinquish possession of damaged parts to support your claim.

Section 4 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 5 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.

Operators name

Signature

Date

Claimant name

Signature

Date