

CLAIM FORM ⇨

Material Damage – Plant & Machinery

EXTF042

Call ATC for assistance on **1800 994 694**

1. This claim form must be completed by the **named insured** of the policy.
2. Check all relevant questions have been answered (including by selecting either Yes or No wherever this option is given) and the declaration has been signed and dated.
3. It will also assist the claim decision making process if **you** attach a complete copy of the signed contract relevant to this claim when submitting your claim form.
4. Please keep a copy of the completed claim form and attachments for your records.
5. Forward your completed claim form with the relevant documentation to your insurance broker representative. Alternatively, you can send, fax or scan and email or deliver your completed form to the address below and we will notify your insurance broker on receipt.
6. Send to:
ATC Insurance Solutions Pty Ltd
Level 4, 451 Little Bourke Street
Melbourne VIC 3000
Email: claims@atcis.com.au

Question 1 ➔ Insured and policy details

- 1.1 Full name of insured _____
- 1.2 Trading as _____
- 1.3 Contact Person _____
- 1.4 Postal address _____
State _____ Postcode _____ Email _____
- 1.5 Telephone B/H _____ Telephone A/H _____
Mobile _____ Facsimile _____
- 1.6 Type of policy: _____ Policy number: _____
Policy Period: (from) ____/____/____ (to) ____/____/____

Question 2 ➔ Goods and Services Tax

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.

- 2.1 Are you registered for GST purposes? Yes No
What is your ABN? _____
- 2.2 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?
Yes No
- 2.3 Is the amount claimed less than 100% of the GST applicable to the premium?
Yes No
If answer to Q2.3 was "Yes", please specify the percentage amount claimed _____%

Question 3 ➔ Details of Plant/Equipment involved in incident (including motor vehicles)

- 3.1 Registration Number: _____
- 3.2 Year of Manufacture: _____
- 3.3 Make & Model: _____
- 3.4 Engine / Serial / VIN Number: _____
- 3.5 Are you the owner of the Plant/Equipment involved in the incident? Yes No
(if you answered Yes, please proceed to question 3.6)
- 3.5.1 Was the Plant/Equipment Hired In? Yes No
If Yes, please provide details of party who has a financial interest in the property:
Name _____
Address _____
State _____ Postcode _____
Description of interest in the loss/damaged property _____

3.5.2 Was the Plant/Equipment Sub/Cross Hired Out? Yes No

If Yes, please provide details of the party who hired from you.

Name _____

Address _____

State _____ Postcode _____

Description of interest in the loss/damaged property _____

3.6 Was the Plant/Equipment Hired Out? Yes No

If Yes, please provide details of the party who hired from you.

Name _____

Address _____

State _____ Postcode _____

Description of interest in the loss/damaged property _____

3.7 Do you intend to claim damages sustained to the Plant/Equipment? Yes No

If YES, please describe the damages sustained to the Plant/Equipment: _____

3.8 Where is the Plant/Equipment now? _____

Contact telephone number: (____) _____

Was the Plant/Equipment towed? Yes No

If YES, please advise name and contact details of towing company and approximate distance towed: _____

3.9 For what purpose was the Plant/Equipment being used at the time of the incident?

3.10 Was the Plant/Equipment being used with the policy holder's consent? Yes No

Please clarify if you answered "No": _____

3.11 Has the Plant/Equipment been modified or converted from the manufacturer's specification or fitted with accessories other than those supplied by the manufacturer? Yes No

If YES, describe the modifications/accessories:

3.12 Was there any unrepaired damage to the Plant/Equipment before the incident? Yes No

If YES, described the unrepaired damage:

Question 4 ➔ **The operator of the Plant/Equipment** (including motor vehicles)

4.1 Operator's Title: Mr Mrs Miss Ms Dr

Given Name(s): _____ Surname: _____

Residential Address: _____

State _____ Postcode _____ Email _____

Telephone B/H _____ Telephone A/H _____

Mobile _____ Date of Birth ____/____/____

4.2 Is the operator licensed to operate this type of Plant/Equipment: Yes No

If NO, state the type of license the operator holds: _____

If YES how long has the operator held this type of license: _____

4.3 Operator's Relationship to the Insured: _____

4.4 Operator's Occupation: _____

4.5 Operator's licence number: _____

4.6 Operator's licence expiry date: ____/____/____ (if any) (Please send us a copy of the operator's license)

4.7 Was the operator operating the Plant/Equipment on a public road?

Yes No If Yes, please complete the following

4.7.1 Has the driver in the last 5 years had a driver licence endorsed, suspended or cancelled?

Yes No If YES, please give details: _____

4.7.2 Were intoxicating liquor or drugs consumed by the driver within 24 hours prior to the incident?

Yes No If YES, state how much and when: _____

4.7.3 Was the driver given

a) A breath test? Yes No If YES, what was the result? _____

b) Or a drug test? Yes No If YES, what was the result? _____

c) Or a blood test? Yes No If YES, what was the result? _____

**IF YOU ANSWERED YES, AND YOU WERE GIVEN AN ANALYSIS CERTIFICATE,
PLEASE ATTACH THIS CERTIFICATE TO THIS FORM**

Did the driver refuse to undergo any of the abovementioned tests? Yes No

If Yes, state the reason: _____

Question 5 ➔ Incident Details

5.1 Is this claim for: **THEFT** or **DAMAGE**

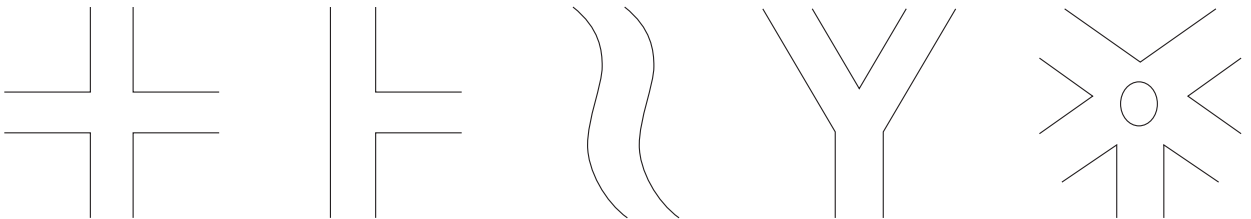
5.2 Date of incident (dd/mm/yyyy) ____/____/____ Time of incident _____ am/pm _____

5.3 Address of where incident occurred _____
_____ State _____ Postcode _____

5.4 Describe in detail how incident occurred _____

If applicable, please draw a diagram to depict how the incident occurred.
If there is insufficient space, please provide details on separate sheet.

You may use the below as a guideline or use the space below to draw your own diagram.
Mark you as 1, and other vehicles as 2, 3, 4 etc, indicate direction of travel with an arrow.



5.5 How was the incident discovered, and by whom? _____

5.6 If your claim is for malicious damage or theft please describe how was access or entry to the property gained?

5.7 Were the police notified **(Any incidents of theft, malicious damage or accidents resulting in injury to a person must be reported to the police)?** Yes No
Date of police report (dd/mm/yyyy) ____/____/____ Police report number (attach a copy) _____
Station the incident was reported to _____
Officer's Name and ID _____

5.8 Was the lost or damaged Plant/Equipment covered under another insurance policy? Yes No
If you answered 'Yes' to any of the above, please provide details: _____

5.9 What steps have been taken so far to minimise any further damage thus far? _____

Question 6 ➔ Third Party Details

6.1 Was there another party involved in the accident? Yes No

(if YES please complete questions 6.1.1 to 6.1.5, otherwise please move onto Question 7)

6.1.1 Vehicle details (if applicable):

Registration No: _____ Make of Vehicle: _____

Year of Manufacture: _____ Model _____

Colour: _____ Insurance Company which insures this vehicle: _____

Policy No: _____

6.1.2 Other Owner's Details

Name(s): _____ Surname: _____

Owner's Address: _____

_____ State: _____ Postcode: _____

Owner's Telephone No:

Work: (____) _____ Home: (____) _____ Mobile: (____) _____

Driver's Licence No (if applicable): _____ Expiry Date: ____/____/____

Date of Birth: ____/____/____

6.1.3 Other Driver's Details (if applicable and different from Owner)

Name(s): _____ Surname: _____

Other Driver's Address: _____

_____ State: _____ Postcode: _____

Driver's Telephone No:

Work: (____) _____ Home: (____) _____ Mobile: (____) _____

Driver's Licence No: _____ Expiry Date: ____/____/____

Date of Birth: ____/____/____

6.1.4 Please describe where the damage on the third party's property was sustained.

If the other party's damaged property was not a motor vehicle, please also indicate the type of property damaged:

6.1.5 Do you consider the third party responsible? Yes No

Please state the reasons: _____

6.2 Third Party Personal Injuries. Was any third party injured? Yes No

(if YES please complete questions 6.2.1 to 6.2.3, otherwise please move onto Question 7)

6.2.1 Please provide details of anyone who was injured in this accident:

Name 1 _____

Address _____

Description of Injury _____

6.2.2 Name 2 _____

Address _____

Description of Injury _____

6.2.3 Name 3 _____

Address _____

Description of Injury _____

Question 7 Witness

7.1 Was there any witness(es) to the incident? Yes No

If YES, please advise the details of the witness(es) in Question 7.1.1 and 7.1.2.

If there is insufficient space, please write the details on a separate sheet.

7.1.1 Name of Witness _____

Address _____

_____ Postcode _____ State _____

Telephone No. (Home) _____ Telephone No. (Work) _____

Where was the witness at the time of accident? _____

What is the policy holder/operator's relationship with to witness? _____

7.1.2 Name of Witness _____

Address _____

_____ Postcode _____ State _____

Telephone No. (Home) _____ Telephone No. (Work) _____

Where was the witness at the time of accident? _____

What is the policy holder/operator's relationship with to witness? _____

Question 8 ➔ Payment details

8.1 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: _____

Privacy Act

In this statement “we”, “us” and “our” means Lloyd’s and ATC Insurance Solutions (ATC) as its agent.

We are bound by the requirements of the *Privacy Act 1988* (Cth), the *Privacy Amendment (Private Sector) Act 2000* (Cth) and the *Privacy Amendment (Enhancing Privacy Protection) Act 2012*. This sets out standards on the collection, use, disclosure and handling of personal information.

Our Privacy Policy is available at www.atcis.com.au or by contacting us.

We, and our agents, need to collect, use and disclose your personal information in order to consider your application for insurance and to provide the cover you have chosen, administer the insurance and assess any claim. You can choose not to provide us with some of the details or all of your personal information, but this may affect our ability to provide the cover, administer the insurance or assess a claim.

We may disclose your personal information to third parties (and/or collect additional personal information about you from them) who assist us in providing the above services and some of these are likely to be overseas recipients in the United Kingdom. These parties which include our related entities, distributors, agents,

insurers, claims investigators, assessors, lawyers, medical practitioners and health workers, and federal or state regulatory authorities, including Medicare Australia and Centrelink will only use the personal information for the purposes we provided it to them for (unless otherwise required by law).

Information will be obtained from individuals directly where possible and practicable to do so. Sometimes it may be collected indirectly (e.g. from your representatives or co-insureds). If you provide information for another person you represent to us that:

- You have the authority from them to do so and it is as if they provided it to us;
- You have made them aware that you will or may provide their personal information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties we disclose it to will use it for, 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 or will not do either of these things, you must tell us before you provide the relevant information.

You are entitled to access your information and request correction if required. You may also opt out of receiving materials sent by us by contacting ATC on (03) 9258 1777 or write to us at the address given on page one.

Question 9 ➔ Declaration

If this claim is made on behalf of a company, the following declaration must be made and signed by an authorised representative of the company.

I/we declare that the statements made on this claim form are true and that no material facts have been suppressed or misstated.

Furthermore, I/we

- have either completed all of the questions on this form personally or they have been completed by someone else on my/our behalf and the answers have been checked for fullness and accuracy by me/us**
- agree that if I/we have made, or in any further declaration in respect of the claim make, any false or fraudulent statements or suppress, conceal or falsely state any material fact whatsoever, the cover shall be void and I/we will lose my/our rights for this claim and any future claims**
- I/we consent to ATC Insurance Solutions (and authorised third parties) using personal information provided on this form, including information provided regarding other parties, for the purposes of processing this claim.**

First name: _____ Last name: _____
(PLEASE USE BLOCK LETTERS)

Signed: _____ Date: ____/____/____