

CLAIM FORM ➔

Windscreen - Plant & Machinery

EXTF220

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 3004
Email: claims@atcis.com.au

Question 1 ➔ Insured and policy details

- 1.1 Policy name _____
- 1.2 Type of policy: _____ Policy number: _____
Policy Period: (from) ____/____/____ (to) ____/____/____

Question 2 ➔ Goods and Services Tax

- 2.1 Are you registered for GST purposes? Yes No
- 2.2 What is your ABN? _____

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

- 3.1 Registration Number: _____
- 3.2 Vehicle Description: _____
- 3.3 Engine / Serial / VIN Number: _____

Question 4 ➔ Incident Details

- 4.1 Date of incident (dd/mm/yyyy) ____/____/____ Time of incident _____ am/pm _____
- 4.2 Address of where incident occurred _____
_____ State _____ Postcode _____
- 4.3 Describe in detail how incident occurred _____

Question 5 ➔ Payment Details

- 5.1 Direct Deposit into nominated bank account:
- Name of Bank: _____
- Account Name: _____
- BSB No: _____
- Account No: _____

Question 6 ➔ Privacy & Declaration details

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.

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: ____/____/____