



Contractors Plant & Equipment Insurance

CLAIM FORM

FOR YOUR INFORMATION

1. Please complete all relevant sections of this form and send to claimsnoticeaustralia@bhspecialty.com citing the name of the Insured and the Policy Number in the subject line.
2. Should there be any supplementary documents to accompany this form, please attach these.

DETAILS OF OUR INSURED

Policy Number:

Name of Insured: _____

Insured Contact Person: _____

Address: _____ State: _____ Postcode: _____

Mobile Number: _____ Work Phone Number: _____

Email Address: _____

GST DETAILS

Are you registered for GST? Yes No

ABN: _____

Income Tax Credit (ITC) Entitlement: _____%

INSURED PLANT

Make & Model: _____ Year: _____ Colour: _____

Registration Number: _____ Serial Number: _____

Engine Number: _____ Carrying Capacity: _____

Registered Owner of Plant: _____

(Please attach copy of Registration Papers)

Date of Purchase: _____ Is the Item under Finance? Yes No

Details of Financer: _____

Their Address: _____ Phone: _____

DAMAGED TO INSURED PLANT

What is the extent of damage to your Plant/Vehicle?:

Where can it be inspected? _____

If you have obtained repair quotes, please attach.

Can the Plant be driven safely?

Was the Plant hired at the time? Yes No

If 'Yes', Wet or Dry Hire? Wet Dry

(Wet with your Operator, Dry without your own Operator)

Who hired the Plant to you? _____

Their Address: _____

Were conditions of hire agreed upon prior to job? Yes No

(If 'Yes' please attach copy)

Describe the task being performed at the time of accident:

DETAILS OF DRIVER/OPERATOR

Name: _____ Date of Birth: _____

Phone Number: _____ License Number: _____

Years Licensed: _____ Expiry Date: _____

What is your experience with operating this type of machine? _____

Are you an employee? Yes No

If 'No', state relationship: _____

How long employed by Insured Company? _____

Did you undergo a breath test/blood test for alcohol/drugs? Yes No

If 'Yes', what were the results:

ACCIDENT/LOSS DETAILS

Date: _____ Time: _____ AM PM
Address: _____ State: _____ Postcode: _____

How did the accident occur? ***(Please provide a precise description)***

Who do you consider at fault? Yourself Other Party
If 'Other Party' please state why:

Were there any witnesses? Yes No
If 'Yes', please provide details:

Was the accident/loss reported to the Police or other authority? Yes No
If 'Yes', please provide details of the report below:

Report Number: _____ Name of Officer: _____

Police Station or Office: _____ Date Reported: _____

Name of person who reported the matter to Authorities: _____

If 'No' was selected above, please provide reason for not reporting:

PARTICULARS OF OTHER PARTIES INVOLVED

Name of Driver: _____ Age: _____

Address: _____ State: _____ Postcode: _____

Licensed Number: _____ Type of Vehicle: _____

Registration Number: _____ Name of Owner: _____

Owners Address: _____ Phone Number: _____

Their Insurance Company: _____ Policy Number: _____

Description of their loss/damage:

If more than one Third Party involved, please provide details on a separate piece of paper and attach to this form.

DECLARATION

I/We declare that the whole of the above information and answers given are true in every detail and no information has been withheld.

IMPORTANT: No repairs or alterations to the damaged Plant should be made until approved by this Company.

Claims by other parties. No liability of any sort shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured.

Driver's Signature

Date

Insured's Signature

Date

Email: claimsnoticeaustralia@bhspecialty.com

Mail: Berkshire Hathaway Specialty Insurance
GPO Box 650
Sydney NSW 2001

Phone: 1300 938 991 (24 hours)

PRIVACY

We, along with all companies in the Berkshire Hathaway Group of Insurance Companies, are committed to safeguarding your privacy and the confidentiality of your personal information. We, and entities acting on our behalf, only collect personal information from or about you for the purpose of assessing your application for insurance and administering your insurance policy, including managing and administering any claim made by you.

Without your personal information, we may not be able to issue insurance cover, administer your insurance or process your claim.

We will only use your personal information in accordance with the *Privacy Act 1988* (Cth) and for the purposes outlined above.

We may disclose your personal information to other companies in the Berkshire Hathaway Group and other third party service providers for the purposes outlined above or where disclosure is permitted by law. These entities may be located in Australia or overseas, including in India, Singapore, Hong Kong, Malaysia, New Zealand, Germany, the United Kingdom and the United States of America. Where such disclosure is made, we make all reasonable efforts to ensure that the arrangements we have in place with overseas parties impose appropriate privacy and confidentiality obligations on those parties to ensure that imparted personal information is kept secure and that such information is only used for the purposes noted above.

If you wish to obtain details of the personal information we hold about you (including contacting us to correct or update the personal information we hold about you), or if you have a complaint about a breach of your privacy, please refer to our privacy policy available at <http://www.bhspecialty.com/privacy-policy.html>, or contact our Privacy Officer by email to australasia.privacy.compliance@bhspecialty.com.

We reserve the right to refuse access under the grounds permitted by the *Privacy Act 1988* (Cth) and if you are seeking information on another person's behalf, we will require written authorisation from that individual.