

Mobile Plant, Equipment and Motor Vehicle Claim Form

YOUR PRIVACY

- We collect personal information about you (including the information you provide in this Motor Vehicle Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (*other than sensitive information, such as information about your health*) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. **By signing this Motor Vehicle Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.**
- A list of the type of our service providers, key business alliances and the consultants we commonly use is available on request.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not be able to assess your claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.
- This Privacy Statement should be read in conjunction with our Privacy Policy. A full copy of our Privacy Policy can be located on our website at www.tokiomarine.com.au, or available upon request by contacting our Privacy Officer at the details contained below in this Statement.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9225 7500, email us at privacy@tokiomarine.com.au or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, Level 3,1 Chifley Square, Sydney NSW 2000. Please provide details of your policy number/s and/or claim number where known.



TOKIO MARINE
NICHIDO



ONLINE INSURANCE SOLUTIONS

Tokio Marine & Nichido Fire Insurance Co., Ltd.

ABN 80 000 438 291

Managing Agent in Australia:

Tokio Marine Management (Australasia) Pty. Ltd.

ABN 69 001 488 455

Level 3,1 Chifley Square, Sydney NSW 2000

Tel. (02) 9225 7500 Fax. (02) 9225 6374

<http://www.tokiomarine.com.au>

Email: claimsinfo@tokiomarine.com.au

PLEASE USE CAPITALS TO FILL IN CLAIM FORM

Mobile Plant, Equipment and Motor Vehicle Claim Form

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM.

PLEASE COMPLETE ALL SECTIONS

Policy Number	<input type="text"/>	Expiry Date	<input type="text"/>	Excess	<input type="text"/>
Name of Insured	<input type="text"/>				
Postal Address	<input type="text"/>				
Broker	<input type="text"/>			Postcode	<input type="text"/>
Broker Contact	<input type="text"/>		Broker's Number	<input type="text"/>	
Broker Email	<input type="text"/>				
Is Insured Sole Owner?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	
If no, state Name of Finance Company	<input type="text"/>				

Insured Vehicle

Make	<input type="text"/>	Model	<input type="text"/>	Year of Manufacture	<input type="text"/>
Registration Number	<input type="text"/>				
Use of vehicle at time of accident:	Business	<input type="checkbox"/>	Private Use	<input type="checkbox"/>	
Odometer Reading	<input type="text"/>			kms	
CLASS OF VEHICLE					
Sedan/Station Wagon	<input type="checkbox"/>	Utility up to 2T	<input type="checkbox"/>	Articulated Prime Mover	<input type="checkbox"/>
Crane/Forklift	<input type="checkbox"/>	Van	<input type="checkbox"/>	Semi Trailer	<input type="checkbox"/>
Four Wheel Drive	<input type="checkbox"/>	Rigid Vehicle over 2T and up to 5T	<input type="checkbox"/>	OTHER please describe	<input type="text"/>

Trailer Details (if applicable)

Make	<input type="text"/>	Type	<input type="text"/>	Year	<input type="text"/>	Registration No	<input type="text"/>
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Surname **Given Name(s)**

Address:

Mobile No: **Date of Birth** **Age** **Yrs**

Licence No: **Class of Licence & State of Issue**

Years Licenced: **Licence Expiry Date**

Name of Registered Owner of Vehicle

Have you had any traffic convictions and/or traffic offences or been involved in any motor vehicle accidents in the past five (5) years? Yes No

If Yes, please give details:

If further space is required, please attach a separate sheet with this information

Did the driver consume any alcohol or take any drugs during the 12 hours prior to the accident? Yes No

If Yes, please give details:

If further space is required, please attach a separate sheet with this information

Was a breath or blood alcohol test taken? Yes No

If Yes, please advise result

Was the driver:
A Paid employee of the Insured? Yes No
Driving with the Insured's Knowledge & consent? Yes No

Damage to Insured Vehicle

Was your vehicle damaged? Yes No

Was your vehicle towed away? Yes No **Name of Towing Co**

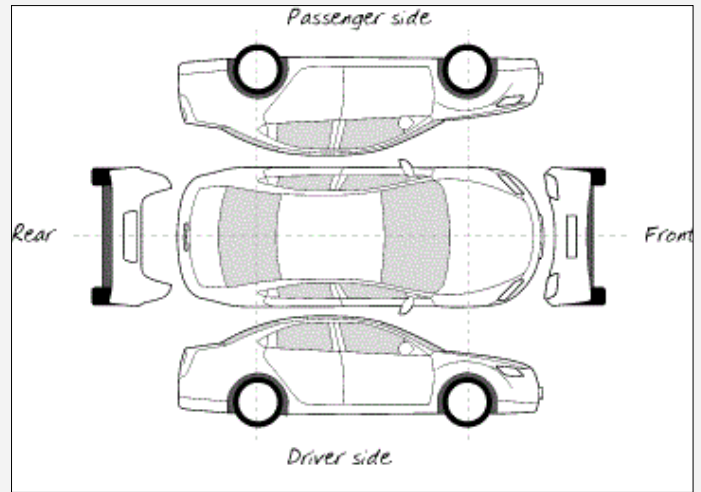
Is the vehicle at a repairer's? Yes No **Phone No of Towing Co**

INDICATE DAMAGED AREA ON YOUR VEHICLE

ESTIMATE OF DAMAGES

\$

REPAIRER NAME & CONTACT NUMBER



Address where vehicle can be inspected:

Number of persons in Insured Vehicle **Other vehicle(s)**

Accident Details

(PLEASE COMPLETE ALL SECTIONS)

Date of Event Day of Week Time am/pm

Location: Including nearest cross street Suburb Postcode

How did the incident occur?

Please draw a plan of the accident. Show the nearest cross street; street names; centre of the roadway; direction and location of vehicles. It is important to detail all road signs and marking and width of road.

Indicate your own vehicle as



Indicate any other vehicle



Estimated speed of your vehicle 30 metres prior to accident KPH

Estimated speed of your vehicle at impact KPH

Estimated speed of other vehicle just prior to accident KPH

If after sunset

Was scene of accident well lit? Yes No

Were lamps alight on: Your Vehicle Yes No

Were lamps alight on: Other Vehicle Yes No

Was your vehicle on the correct side of the road? Yes No

Was the road wet or dry? Wet Dry

What were the visibility conditions? Good Moderate Poor

At what distance from the kerb was your vehicle? metres

What was the width of the roadway? metres

Who do you consider was at fault? Myself Other Driver Other

Why?

Have you admitted liability? Yes No

Has the other driver admitted liability? Yes No

Were there any witnesses to the accident? Yes No

If yes, please provide names and addresses

Police Details

Did Police attend the accident? Yes No Police Report No

If Yes, Police Station & Officer

Did Police indicate who was responsible? Yes No If Yes, Name of Driver

Did Police charge either driver or suggest action may be taken? Yes No Charge

Damage to other vehicle or property (PLEASE COMPLETE ALL SECTIONS)

	Third Party Vehicle 1	Third Party Vehicle 2
Name of Other Driver		
Address		
Date of Birth/Age		
Phone No		
Licence No		
Vehicle Make & Model		
Registration No		
Name of Registered Owner		
Address		
Phone No		
Other Insurance Company		
Policy Number or Claim Number		
Location of Damage to Other Vehicle		

Personal Injuries

Was anyone injured in the accident? Yes No

Name	Type of Injury	Injured Party (Passenger/Driver)	Vehicle (Rego No)

Declaration – Read carefully before signing

The information and answers given above are true in every detail and no information has been withheld.

Driver's Signature Date / /

Insured's Signature Date / /

NB – ALL QUESTIONS MUST BE ANSWERED – THIS COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.

Tokio Marine and Nichido Fire Insurance Co., Ltd. is a member of the insurance industry's impartial Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally. You should first take your complaint up with our local manager. In most cases the problem will be resolved easily. If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your claim. The telephone number is 1300 780 808. Website: www.fos.org.au