



**360 Plant and
Equipment
Claim Form**



360 Plant and Equipment Pty Ltd **ABN** 85 087 238 837 AR 424918 is a corporate
authorised representative of SURA Pty Ltd **ABN** 36 115 672 350 **AFSL** 294313
Level 14 / 141 Walker Street North Sydney NSW 2060
PO Box 1813 North Sydney NSW 2059 T: 1800 411 580

Claim Form



In the event of a claim

- + Take precautions to ensure that no further damage or loss occurs to the vehicle/machinery/equipment.
- + Where possible, have vehicle/machinery/equipment moved to a secure location for inspection.
- + No repairs are to be commenced without first obtaining consent from 360 Plant and Equipment Pty Ltd.

In having your property or Insured Items repaired under the Policy, you have a choice of repairer. The insurer of your policy has a list of repairers available on its website.

Completing this claim form

Please answer every question relevant to this claim, provide full information and return this form to your broker as soon as possible, together with any relevant photos and attachments.

- + Incomplete, illegible or unclear answers could delay processing of Your claim.
- + If insufficient space is provided, please attach separate sheet(s) and sign and date each sheet.
- + Contact your broker if You are unsure about any matters relating to completion of this form.

Policy details

Insured		
ABN	Policy No.	
To what extent can you claim an input tax credit on your insurance premiums?		%
Address		
Suburb	State	Postcode
Contact Name		
Telephone	Mobile	
Fax	Email	
Name of Insurance Broker (Company Name)		
Branch	State	
Your Brokers Name	Telephone	
Fax	Email	
Number of Employees		

Details of insured item(s) involved

Description of item(s) as shown in the Insurance Policy Schedule		
Serial No(s)	Rego No(s) (if applicable)	
Year of Manufacture	Hours Worked/Speedo Reading	
Capacity/Tonnage	Date Purchased / /	
Is the item(s) under any Financing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, advise the following details:		
Name of Lender		
Address		
Account Details		

Driver/Operator details

Driver/Operator Name

Address

Suburb

State

Postcode

Contact Name

Telephone

Mobile

Fax

Email

Drivers/Ticket/Operators Licence No

Expiry Date

Relationship of Driver/Operator (ie the insured, employee, contractor, hirer)

Date of Birth / /

Number of years fully licensed

less than 2 years

more than 2 years

Please attach a copy of the licence/ticket to this form.

Did the driver/operator consume alcohol or use drugs in the 12 hours prior to the Accident?

Yes No

Did the driver/operator undergo a breath test, analysis or blood test?

Yes No

What was the reading? (Please attach copy of the certificate)

Details of the event forming the basis of this claim

Date of Loss / /

Time of Loss

AM PM

Location of Loss

Street

Suburb

Postcode

What happened? Please provide full details

Please provide a sketch of the accident scene clearly detailing both your insured item and how the damage, or personal injury was caused.

Other parties considered responsible

Was any other party responsible for causing the accident, personal injury or damage? Yes No

If yes, please provide full details:

Name

Address

Suburb

State

Postcode

Telephone

Mobile

Fax

Email

What was their involvement and why do you consider them responsible?

Police involvement

Did the police attend the scene? Yes No

Has the incident been reported to the police? Yes No

If yes, please advise:

Station Date Reported / / Event No.

Please attach police report and/or copies of any documents handed to You by the police.

Witnesses

Were there any witnesses to the accident, event, theft or damage? Yes No

If yes, please provide names and addresses where possible

Contact Name

Address

Suburb

State

Postcode

Telephone

Mobile

Fax

Email

Attach further details if multiple witnesses.

There are 4 Possible claim types covered by this Form.
Please only complete the following ones relevant to the claim being submitted.

Claim Type 1



Damage Caused to Your Insured Item

Hire status

Was the Insured Item(s) on hire at the time? Yes No

If yes, please advise the following:

Did it include an Operator? Yes No

Were conditions of hire agreed prior to commencement of hire? Yes No

Please advise details (and if in writing, attach a copy of the agreement)

Name of Hirer

Address

Suburb

State

Postcode

Loss or damage being claimed

Are you claiming the cost of repairs to the Insured Item? Yes No

Where can the Insured Item be inspected?

Address

Suburb

State

Postcode

Contact Details to Arrange Assessment:

Name

Contact Number

Circumstances at the time of loss

Was the Insured Item being used with Your knowledge and consent? Yes No

If yes, reason for use (Business/Private)

Road Surface Dry Wet Sealed Unsealed Flat Uphill Downhill

Road Type Straight Curved Left Turn Right Turn

At the time of the accident the Insured's vehicle was Parked Stationary Moving

What speed was it travelling? KPH

Traffic Controls None Stop Sign Roundabout Give Way Sign Traffic Lights

Details of any other party involved in the event:

Name	Contact Details
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Who was at fault and why?

Theft and/or attempted theft

Please describe the events from the time the Insured item was last seen until the loss or damage was discovered

Who discovered the loss?

Is there any CCTV footage available? (Please retain copy in case of dispute in liability)

Yes No

What security devices, if any, were attached to the machine?

Was the theft reported to the police?

Yes No

If yes, please advise

Station

Date Reported / /

Event No.

Please attach police report and/or copies of any documents handed to You by the police.

Claim Type 2



Third Party Property Damage and Personal Injury Caused by Your Road Registered Insured Item

Are you claiming for damage caused to third party property, or personal injury caused by your registered insured item:

Yes No

Third party property damage

Was the third party property damaged a road registered Motor Vehicle or item of plant?

Yes No

If yes, please advise:

Vehicle/Item Details

Rego No

Vehicle/Item Owners Name

Address

Suburb

State

Postcode

Telephone

Mobile

Fax

Email

Other property damage

Please describe the details of the property and the damage sustained

Do you have an estimate as the value of the damage sustained? \$

Personal injury

Please advise the details of any injured party:

Name

Address

Suburb

State

Postcode

Telephone

Mobile

Fax

Email

What was the type of injury sustained?

How severe was the injury in your opinion?

Trivial Minor Major Serious

Attach further details if multiple personal injuries.

Was transport provided?

Yes No

Was an ambulance called?

Yes No

Please provide a copy of the Incident Report.

Workcover

Was the injured person working at the time of the injury?

Yes No

Did a Government Agency ie. Workcover attend the accident/incident?

Yes No

If Yes please advise the officers name

Did a Government Agency ie. Workcover lay any charges or intimate action may be taken?

Yes No

Advise details of Worker's Employer

Claim Type 3



Third Party Property Damage and Personal Injury Caused by Your Business Activities

How was the accident/incident reported to you

Reported by Name

Address

Suburb

State

Postcode

Telephone

Mobile

Fax

Email

How was it reported?

in person by telephone by letter

Reported to Name

Address

Suburb

State

Postcode

Telephone

Mobile

Fax

Email

Position in Insured Company

Cause

Was the accident caused by the action of an individual(s) Plant or Equipment A Motor Vehicle

Your product During your performance of work

Property damage

Please describe the details of the property and the damage sustained

Do you have an estimate as the value of the damage sustained? \$

Attach further details if multiple properties damaged.

Personal injury

Please advise the details of any injured party:

Name

Address

Suburb

State

Postcode

Telephone

Mobile

Fax

Email

What was the injury sustained?

How severe was the injury in your opinion?

Trivial Minor Major Serious

Attach further details if multiple personal injuries.

Was transport provided?

Yes No

Was an ambulance called?

Yes No

Please provide copy of Incident Report.

Workcover

Was the injured person working at the time of the injury? Yes No

Did a Government Agency ie. Workcover attend the accident/incident? Yes No

If Yes please advise the officers name

Did a Government Agency ie. Workcover lay any charges or intimate action may be taken? Yes No

Advise details of Worker's Employer

Claim Type 4



Damage to Your Insured Item, Limited to Glass Replacement Only

Particulars of Breakage

Details of Glass Breakage	<input type="checkbox"/> Windscreen	<input type="checkbox"/> Drivers Window	<input type="checkbox"/> Rear Window
	<input type="checkbox"/> Passenger Window	<input type="checkbox"/> LH side	<input type="checkbox"/> RH side
	<input type="checkbox"/> Other (Please specify)		
Type of Windscreen	<input type="checkbox"/> Laminated	<input type="checkbox"/> Tinted	
	<input type="checkbox"/> Other (Please specify)		
Date of Breakage	/	/	
Location where breakage occurred			
How did Breakage occur	<input type="checkbox"/> Rock Thrown	<input type="checkbox"/> Other Missile	
	<input type="checkbox"/> Other (Please specify)		
Have you made a claim for windscreen or glass damage in this policy period?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Amount being claimed	\$		

Electronic funds transfer details

Following 360 Plant and Equipment's approval of your claim, your benefits can be transferred directly into your bank account. Please provide the following details:

Name of Financial Institution

Account Name

BSB

Account No

Bank SWIFT code (if required)

Declaration

N.B. If the insured is a company, partnership or other business venture, this declaration must be made and signed by an authorised person. Please provide details of any other insurance, either through 360 Plant and Equipment Pty Ltd or another insurer that may provide cover for Your claim.

Name of Other Insurer

Address

Suburb

State

Postcode

Policy No. if known

Have You or the Insured, reported a claim to 360 Plant and Equipment Pty Ltd or any other insurer during the past 5 years?

Yes No

If Yes, please provide details

Have You or the Insured, ever had a claim denied?

Yes No

If Yes, please provide details

I/We declare that the information supplied on this form and in any attached documentation is correct and that I/we have not withheld any material information relevant to this claim.

I/We also agree to advise 360 Plant and Equipment Pty Ltd immediately if any lost or stolen property referred to in this claim is subsequently recovered.

I/We authorize 360 Plant and Equipment Pty Ltd to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies, any information relating to the Insured's credit, insurance and claims history.

Signature of insured:

Date:

Print name:

Title:

Signature of witness:

Date:

Print name:

Title:

Address:

Suburb/state/postcode:





360

Plant & Equipment

NSW

Suite 1, Level 18
201 Kent St
Sydney, NSW 2000

Level 14

141 Walker St
North Sydney, NSW 2060

The Forum, Level 3
240 Pacific Highway
Charlestown, NSW 2290

QLD

Suite 1, Level 22
345 Queen St
Brisbane, QLD 4000

WA

PO Box 864
Joondalup DC, WA 6919