

mobile plant claim form



Wesfarmers General Insurance Limited, ABN 24 000 036 279

The issue of this form must not be taken as an admission of liability. Form is to be completed as far as possible by the driver and signed by both owner and driver. Omission of relevant information may delay the claim.

1. Claim Details

Policy number	Claim number
<input type="text"/>	<input type="text"/>
Date of accident (dd/mm/yyyy)	Time of accident
<input type="text"/>	<input type="text"/> am/pm
Place of accident: Street	Town
<input type="text"/>	<input type="text"/>

2. The Insured (Vehicle owner)

Insured's name

Address for reply Postcode

Phone number (w) Phone number (h) Mobile number

Employer's name Occupation

Where employed

If vehicle under Hire Purchase, Mortgage or Leasing Agreement, state names of all interested parties

To facilitate handling please quote policy number and due date

Policy number Due date (dd/mm/yyyy)

3. Goods and Services Tax (GST)

To ensure that you do not incur any unnecessary GST Liabilities on this claim settlement please advise:

ABN, if applicable

Entitlement to an Input Tax Credit

 %

4. Vehicle Details **Registration and engine no.s are essential**

Model year	Make, type of vehicle and body colour	Registration number	Engine number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Repairs

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291
VIC	Level 3, 99 King Street, Melbourne 3000
ACT	Level 4, 10 Rudd Street, Canberra City 2601
TAS	Level 11, 27 Paterson Street, Launceston 7250
SA	465 Pulteney Street, Adelaide 5000
WA	Level 9, 50 St George's Terrace, Perth 6000
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800

Phone (02) 9248 1111
Phone (02) 4925 7500
Phone (03) 8627 4333
Phone (02) 6279 0333
Phone (03) 6345 4700
Phone (08) 8228 1700
Phone (08) 9220 8222
Phone (07) 3307 4800
Phone (07) 4722 6000
Phone (08) 8946 4600

Fax (02) 9248 1122
Fax (02) 4940 0295
Fax (03) 8627 4312
Fax (02) 6279 0330
Fax (03) 6345 4711
Fax (08) 8228 1775
Fax (08) 9220 8251
Fax (07) 3307 4899
Fax (07) 4724 4398
Fax (08) 8228 1775

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

Repair quotation

At which repairer may damaged vehicle be inspected?

Phone number

Is vehicle at repairers?

No Yes

If **No**, when will it be available for inspection at repairers?

5. Driver Details

Insured's name

Address for reply

Postcode

Licence no.

Class

Expiry date (dd/mm/yyyy)

Date of birth (dd/mm/yyyy)

Is License, Permit provisional or Full

Date original issued (dd/mm/yyyy)

Was the driver:-

(a) a paid employee of the insured? No Yes

(b) driving with the knowledge and consent of the insured? No Yes

If not employed by insured state:

Employer's name

Where employed?

Brief details of previous accidents and convictions

Was intoxicating liquor or drugs consumed by the driver within 12 hours of the accident? No Yes

If so state how much and when?

Was driver sober at the time of the accident? No Yes

Was the driver required to undergo a breath or blood test or analysis? No Yes

If so what was the result of the breath or blood test or analysis?

State particulars of any other Motor Vehicle Policy held by the owner or driver of insured's vehicle

6. Accident Details

State clearly how and where accident happened

Details of operator's experience on similar machines

6. Witness Details

Were there any witnesses to the accident?

No Yes

If **Yes**, please state their name and address.

Witness name

Address

Postcode

If more than one attach details of others.

7. Damage Details

Briefly describe damage to the insured machine/vehicle

Was the machine being used in accordance with all of the manufacturer's guidelines and instructions?

No Yes

Were all legal requirements and relevant workplace health and safety regulations complied with?

No Yes

If you answered **No** to either of the above two questions, please give full details.

Did workcover attend?

No Yes

7. Third Party Details

The other vehicle

Was another vehicle involved?

No Yes

Make

Type

Rego number

Owner's name

Address

Postcode

Driver's name

Address

Postcode

Damage to other vehicle

Important: With what company is the other vehicle insured "Comprehensively"?

Particulars of accident. (Plan on next page is also to be completed)

Exact purpose for which the insured vehicle was being used at time of accident.

If a goods vehicle, state weight and nature of load.

If after sundown what lights were alight?

On your vehicle

On other vehicle

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

Was the roadway wet or dry?

Estimated speed at time of impact

Your vehicle

Other vehicle

Estimated speed 50 yards before impact

Your vehicle

Other vehicle

Were all traffic regulations being observed by driver? No Yes

Responsibility for accident

What remarks bearing on the cause of the accident made by other driver?

Who do you consider at fault and why?

Did you admit fault or liability? No Yes

Did other driver? No Yes

Has any claim, verbal or written, been made upon you No Yes

If so, give full details

Note - All written communications received must be forwarded at once to this office unanswered.

Reporting to police

Has the accident been reported to the police? No Yes

Police station to which reported

If known

Is any police action pending? No Yes

If so, what and against whom

Who do police consider responsible for accident?

Sketch diagram of accident: Indicate direction and location of vehicles, also point of collision

Any damage to other property (not motor vehicle) No Yes

If **Yes**, please provide description of property and damage:

Owner's name

Address

Postcode

With regards to property damage, has any estimate of costs become available? No Yes

Estimate

8. Third Party Personal Injury Details

Injuries to persons

Give as far as possible, their names and addresses, particulars of injuries, whether passengers or pedestrians, and name of hospital which treated them

Has a report of injury and/or property damage been made to you by a third party? No Yes

If **Yes**, what is their name

Date of notification (dd/mm/yyyy)

Has a claim been made by you, either verbally or in writing?

No Yes

If **Yes**, please include any Third Party correspondence.

Have you admitted liability to any other party for property damage or injury?

No Yes

If **Yes**, to whom and for what reason?

All written communication received from third parties must be forwarded at once to this office. Do not correspond with the third party.

9. Stolen Machine Details

Is the vehicle subject to any finance or leasing agreement?

No Yes

Name of company

Account no.

Amount Outstanding

Date of last payment made (dd/mm/yyyy)

\$

From whom was the machine purchased?

Purchase price

Date of purchase (dd/mm/yyyy)

\$

Was an anti-theft device fitted?

No Yes

If **Yes**, please give details

Make of device

Was it activated?

No Yes

Was the machine locked?

No Yes

Were the keys removed?

No Yes

How many sets of keys are there to the vehicle?

Did you ever try to sell the vehicle before its theft?

No Yes

If **Yes**, please give details

List all the extras fitted to the vehicle and any distinguishing features or markings.

List all modifications made to the vehicle other than standard manufacture.

Where was your machine at the time of the theft? *(Be specific e.g. car park, on the street.)*

When was the vehicle parked there? *(dd/mm/yyyy)*

Why was the vehicle parked there?

Name of person in charge of the vehicle at time of theft

Postal address

Postcode

To which police station was the theft reported?

Date *(dd/mm/yyyy)*

Time

am/pm

File no.

Officer's name

Have you made a previous theft claim?

No

Yes

If **Yes**, please give details

Space for additional information

Please attach or keep all invoices/receipts and photographs to support your claim. Do not destroy or otherwise relinquish possession of damaged parts to support your claim.

10. Declaration and Signature

I/We certify that the information given in this claim form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused in whole if the information is untrue, inaccurate or concealed.

Signature

Date *(dd/mm/yyyy)*