

Company

Name

Phone

Email

Mobile Plant & Equipment Claim Form

Guide for Completion

Please complete all sections of this form and note the following:

- 1 The completion of this form does not constitute policy acceptance by the insurer.
- 2 Failure to notify a matter immediately after the event or after You become aware of the event may enable the insurer to reduce or avoid any liability incurred.
- 3 Please ensure that You answer all questions in full and honestly. The form must be signed and dated.
- 4 If You do not believe a question is applicable, please write 'n/a'.
- 5 Original hard copy records are required by the insurer. Should You require them to be returned, please include a written request advising same. Photocopies are not acceptable for audit reasons.
- 6 All communications should be marked 'Private and Confidential'.
- 7 If anyone holds You responsible for their accident or injury, please insist that their claim must be in writing.
- 8 Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance You may have in place.
- 9 If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 10 Salvage remains the property of the insurer, until such time as advised otherwise by the insurer.
- 11 Any attachments will form part of this claim report and the declaration will include them.

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A. Insured Details (please print)

Policy Number					
Insured Name					
Are You registered for GST purposes?					Yes <input type="checkbox"/> No <input type="checkbox"/>
ABN		Input Tax Credit Entitlement (%)			
Insured's Address and Contact Person for this claim:					
Street					
Suburb		State		Postcode	
Contact Person					
Telephone Number		Mobile Number			
Email Address					

B. Broker or Agent Contact Details (where applicable)

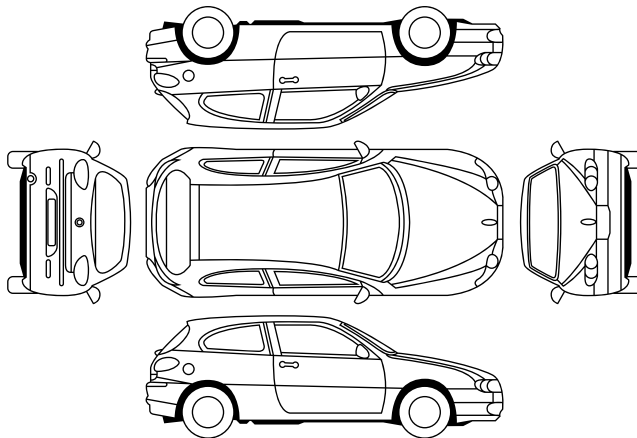
Broker or Agent Name	
Contact Person	
Contact Phone Number	
Contact Email	
Nature of Relationship to Insured?	

C. Incident Type and Policy Section(s) Under Which You are Claiming

SECTION 1 – Damage to Machines	<input type="checkbox"/>	SECTION 4 – Machinery Breakdown	<input type="checkbox"/>
SECTION 2 – Increased Costs of Working	<input type="checkbox"/>	SECTION 5 – Registered Machine Liability (on road incident)	<input type="checkbox"/>
SECTION 3 – Loss of Income	<input type="checkbox"/>	SECTION 6 – Broadform Liability	<input type="checkbox"/>

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D. Insured Vehicle or Plant Details

Make/Model			Year	
Registration Number		Engine Number		
Vin or Serial Number		Gross Vehicle Mass		
Registered Owner of Plant / Vehicle				
Please describe in detail the damage sustained to your insured item and any third-party property incurred. Or if working plant describe the nature of the task being performed:				
Please indicate the areas damage:				
				
Where is the insured item currently?				
Was the insured item towed?				Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, by whom?				
Or, is the item still operable in a safe condition and/or roadworthy?				Yes <input type="checkbox"/> No <input type="checkbox"/>
Was the item on hire at the time of damage or loss?				Yes <input type="checkbox"/> No <input type="checkbox"/>

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E. Items on Hire at Time of Loss or Damage

If on hire was it operated by You (Wet Hire) or operated by the Hirer (Dry Hire)		Wet <input type="checkbox"/> Dry <input type="checkbox"/>
Please attach a copy of the hire agreement which relates to the Terms and Conditions of Hire		Yes <input type="checkbox"/> No <input type="checkbox"/>
Where Dry Hire, did you offer a Damage Waiver?		Yes <input type="checkbox"/> No <input type="checkbox"/>
Details of the Hirer		
Contact details for Hirer		
Is the insured item under finance?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes, Financier name		

F. Repairer Details

If you have arranged a repairer, please provide details, or if you have a quotation for repairs please also attach to this form:

G. Details of the Insured Driver / Operator

Name of Driver or Operator					
Street Address					
Suburb		State		Postcode	
Phone Number		Date of Birth			
Licence Number		Expiry Date		No. of Years Licenced	
Operator's Ticket Details or Licence Class					
Operator's Experience with this Machine class					
Was the Operator an Employee of the Insured Business?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If No, please state relationship:					

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G. Details of the Insured Driver / Operator (continued)

Has the Operator been reported for or convicted of any offence in connection with the use, operation or control of any mobile machinery or motor vehicles during the previous 5 years, or in connection with this event?

Yes ☐ No ☐

If Yes, please provide details:

Was intoxicating liquor/drugs consumed by the operator/driver in 12 hours prior to the incident?

Yes ☐ No ☐

If Yes, please provide details:

Did the Driver/Operator undergo a test (blood, breath etc.) for alcohol and/or drugs?

Yes ☐ No ☐

If Yes, please provide the results or if further tests pending describe:

H. Incident / Claim Details

Name of Driver or Operator

Time of Incident (am/pm)

Location of Incident

Suburb

State

Postcode

Please describe how the incident occurred:

Road conditions at time of the incident?

Wet ☐ Dry ☐ Loose ☐

Estimated speed 100m prior to incident?

If another party was involved, what was their estimated speed prior to impact

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H. Incident / Claim Details (continued)

Who was responsible for the damage or loss?		Yourself <input type="checkbox"/> Other Party <input type="checkbox"/>	
If the Other Party, please state why (such as their actions which contributed to the loss):			
Were there any witnesses to the incident?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide details:			
Do you have Dash Cam or CCTV footage of the incident?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was the incident reported to the Police or any other Authority concerning the incident?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Name of Officer			
Police Station		Date Reported	
Person who reported the matter to Authorities			
Did the Police state who was responsible?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was any on the spot fine imposed?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, please provide details:			

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I. Other Party Details (please ensure to attach any photos or correspondence from the Other Party)					
Driver Name				Age	
Driver's Address					
Street Address					
Suburb		State		Postcode	
Licence Number		Rego Number			
Type of Vehicle					
Name of Owner (if different to driver):					
Owner's Address					
Street Address					
Suburb		State		Postcode	
Phone Number					
Other Party Insurer		Claim Number			
Was the Other Party(s) vehicle towed from the incident?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
Was there more than one Other Party involved, or damage to property (fences, building. Etc)?				Yes <input type="checkbox"/> No <input type="checkbox"/>	
If Yes, Please provide details					

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J. Plan of Accident (you can also attach a scene from Google Maps etc and mark up accordingly)

Plan of accident – Make an approximate plan of the scene of the accident showing the width of the roadway, positions of vehicles and persons involved and direction vehicles were traveling. If accident occurred at an intersection, show traffic lights, stops signs, pedestrian crossing, etc. Please mark insured vehicle as 'A' and other vehicles as 'B' etc. Show direction '>', eg 'A>'

K. Your Duty to Take Reasonable Care Not to Misrepresent

You have a duty to take reasonable care not to make any misrepresentation when entering into, varying, extending or renewing the policy. This means that it is essential that you respond to specific questions that we ask honestly and to the best of your knowledge, including where we ask you to confirm or update information that you have previously given to Us when entering into, varying, extending or renewing the policy. For example this will include you or any other persons to be covered under this policy and their driving record, claims (or incidents unclaimed or uninsured for), criminal and insurance history. This duty also extends to, but not limited to how your vehicle is garaged, registered or used in frequency and nature of use for example private use, business use or otherwise.

To assist you with providing us with honest and accurate responses to any questions we ask of you, we have endeavored to ensure that any question we ask are clear and easy to understand. Further, where possible, we have also included examples of the types of responses we are looking for when asking a particular question.

If you are unclear of any particular question or would like us to explain it to you, please get in touch with us and we will explain this to you.

In determining whether you have fulfilled this duty to take reasonable care not to make a misrepresentation to us, we will consider all of the relevant circumstances of a particular case. If you do not respond honestly and accurately to specific questions that we ask, we may (acting reasonably) cancel your contract or reduce the amount we will pay you if you make a claim, or both. It is therefore vital that you be honest and specific in your responses. If your failure to tell us is fraudulent, we will refuse to pay a claim and treat the policy as if it never existed (this does not mean that We will refund any premiums that You have already paid).

L. Important Information

1. For Sections 1 – 5 this insurance is underwritten by Berkshire Hathaway Specialty Insurance Company (incorporated in Nebraska, USA. Liability is limited) ABN 84 600 643 034 AFS Licence No. 466 713 , GPO Box 650, Sydney NSW 2001.
2. For Section 6 – Broadform Liability this insurance is underwritten by Certain Underwriters at Lloyd's led by its Managing Agent AxaXI Syndicate No. 2003 This Insurance is underwritten by HDI Global Specialty SE - Australia, (ABN 58 129 395 544, AFS Licence number 458776), Level 32, 225 George Street, Sydney NSW 2000.
3. One Underwriting acts as an agent of the insurers in arranging and entering into this insurance, not the Insured.

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M. Short Form Privacy and Consent

Application/Claim Forms

1. One Underwriting Pty Ltd is committed to protecting Your personal information in accordance with the Australian Privacy Principles under the Privacy Act 1988 (Cth). We collect, use and disclose personal information to offer, promote, provide, manage and administer Our various insurance services We are involved in as set out in the One Underwriting Privacy Notice. In order to do this, We may also share Your information with other persons or entities who assist Us in providing or promoting Our services as set out in the One Underwriting Privacy Notice. Further information about our privacy practices can be located in the One Underwriting Privacy Policy, a copy of which can also be sent to You on request by Your One Underwriting representative. You may also gain access to Your personal information, or modify Your privacy preferences, by contacting Your One Underwriting representative or Our Privacy Officer through the means set out in the One Underwriting Privacy Notice.
2. If You are disclosing personal or sensitive information about any other person to One Underwriting, You confirm that You have obtained the consent of that person to disclose to One Underwriting their personal or sensitive information and You have made them aware that One Underwriting will or may disclose their information to third parties that are reasonably necessary to assist in the provision of the relevant services or products. If You have not obtained consent from this other person to disclose their personal or sensitive information to One Underwriting, You will inform Us before providing the relevant information to Us.

By submitting this Claim Form, You acknowledge that You have read the One Underwriting Privacy Notice and agree that We can handle any personal information You have provided to Us in the manner set out above.

N. Declaration

Read carefully before signing.

I/We acknowledge One Underwriting Pty Ltd or the supporting insurers to the contract of insurance may give to, or obtain from, other Insurers and/or Insurance/Financial Reference Bureau, State Licensing Authority, Parts or Service Providers, personal information in relation to this claim or My insurance in general. I/We hereby declare the foregoing particulars to be true and correct, and I/We undertake to render every assistance in My/Our power in dealing with this matter.

Name		Position	
Signature		Date	

Claim Contacts

Berkshire Hathaway (Policy Sections 1 – 5)

Contact: Mobile Plant & Equipment Claims Team

New claims notifications:

ClaimsNoticeAustralia@bhspecialty.com

General correspondence:

CPEClaimsAustralia@bhspecialty.com

Key personnel:

Blake Metham, Claims Manager

M: 0407 668 611, E: blake.metham@bhspecialty.com

Joe Moorcroft, Senior Claims Consultant

M: 0477 007 779, E: joe.moorcroft@bhspecialty.com

Certain Underwriters at Lloyd's – Broadform Liability (Policy Section 6)

Proclaim Contact: Sasha Fowler

Notifications & General Claims Correspondence:

liabilityclaims@proclaim.com.au

Telephone: 03 9660 5200