

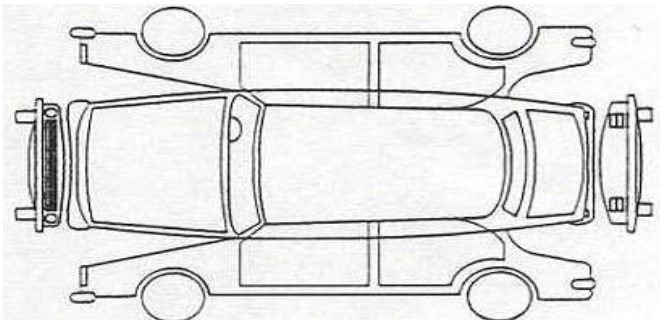
MOBILE PLANT & EQUIPMENT - CLAIM FORM

PLEASE COMPLETE THIS CLAIM FORM AND ENSURE THAT YOU SIGN THE DECLARATION AT THE END OF THIS FORM

Broker Contact			
Policy No.:		Excess:	
INSURED'S DETAILS			
Name of Insured			
Postal Address			
State:		Postcode:	
Contact Name		Telephone No.	
E-mail Address:		Facsimile No.	
If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page			
Are you registered for GST purposes? (Tick box applicable)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what is your Australian Business Number (ABN)?			
Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)			
NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.			
FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT			
<input type="checkbox"/> Cheque - If you selected Cheque, nominate payee:			
<input type="checkbox"/> Direct Payment - If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)			
Bank:		Account Name:	
Branch Number:		Account Number:	
LOSS OR DAMAGE DETAILS			
Date of event:		Time:	<input type="checkbox"/> AM <input type="checkbox"/> PM
Where did event occur?			
How many vehicles were involved in the accident (including your own)			
Speed of your vehicle:	At the moment of impact:		Before Emergency Arose:
Speed of the other vehicle:	At the moment of impact:		Before Emergency Arose:
What was the road surface like?	<input type="checkbox"/> WET	<input type="checkbox"/> DRY	<input type="checkbox"/> LOOSE

LOSS OR DAMAGE DETAILS CONTINUED					
Traffic Controls:	<input type="checkbox"/> NONE	<input type="checkbox"/> TRAFFIC LIGHTS	<input type="checkbox"/> GIVE WAY SIGN	<input type="checkbox"/> STOP SIGN	<input type="checkbox"/> ROUNDABOUT
	<input type="checkbox"/> Other - If other please specify:				
How did the loss or damage occur? Please provide all the facts, even if they are not in your favour					
SKETCH DIAGRAM OF ACCIDENT 1. Name 2. Indicate direction of travel 3. Your vehicle 4. Other vehicle(s)					
Name the streets, indicate directions travelling with arrows, show point of impact, show existence of any road signs at intersections.					
Who, in your opinion was to blame for the accident?					
Why?					
VEHICLE/PLANT DETAILS					
Year of Manufacture:			Body Type:		
Make and Model:					
Registration No:			Engine No:		
No of cylinders:			VIN. No:		
Please list all accessories or other equipment which has not been fitted by the vehicle/plant manufacturer					
Is Vehicle/Plant subject to Finance?				<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, give details					

DRIVER'S DETAILS			
Name			
Address			
Date of Birth			
Driver's Licence No:		Classes:	
Driver's relationship to Insured if not employee:			
Expiry Date of Licence		Years held	
Has the driver had any accidents, traffic convictions and/or penalties in the last 5 years?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes" give full particulars			
Has the driver's licence ever been suspended or cancelled?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give full particulars			
When?			
State Reason:			
If the driver is not the insured, please state:			
a) Was the vehicle being driven with the Insured's knowledge and consent?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
b) Was the driver a paid employee of the Insured?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
c) Driver's relationship to Insured if not employee.			
Has the driver ever been refused vehicle insurance or continuance thereof by an insurer?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please state the name of the company			
Had the driver consumed any drugs or alcohol within 12 hours preceding the accident?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, please state the nature and quantity of the drugs and/or alcohol consumed			
Were you requested to take a blood, breath or urine test?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give details of type of test			
<input type="checkbox"/> BLOOD TEST	<input type="checkbox"/> URINE TEST	<input type="checkbox"/> ALCO-TEST	<input type="checkbox"/> FULL BREATHALYSER
What was the reasoning?			
NOTE: DOCUMENTARY PROOF OF THE RESULT OF A BLOOD OR BREATHALYSER TEST MAY BE REQUIRED			

POLICE INFORMATION			
Did the police attend the accident?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Has the driver reported the accident to the police?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes" give full particulars			
Where?			
Report No:		Date Reported:	
Was any charge laid or intimated against the driver?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "Yes" what is the nature of the charges?			
DAMAGE TO THE INSURED VEHICLE/PLANT			
Was the vehicle/plant being used for business at the time of the accident?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If "yes", please state the nature of business			
If goods carrying vehicle, please state the nature and weight of loads			
Describe damage to insured vehicle/plant in this accident			
Shade in damage to insured vehicle/plant			
			
Was there any pre-existing damage to the vehicle/plant?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please give details			

DAMAGE TO THE INSURED VEHICLE/PLANT			
Was the vehicle/plant towed?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, please give name of Towing Company			
Where was the vehicle/plant towed to?			
Where is the vehicle/plant now?			
Where can the vehicle/plant be inspected?			
No repairs or alterations to the damaged vehicle should be made until approval is made by the Insurer			
DETAILS OF OTHER VEHICLE/PLANT OR PROPERTY			
Owners Name:			
Address:			
State:		Postcode:	
Phone No:			
Driver's Name:			
Address:			
Phone No:		Vehicle/Plant Make:	
Body Type:		Reg No:	
Describe damage to vehicle/plant and/or property			
Approximate Cost:		\$	
Is this vehicle/plant insured?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, name the insurance company			
Has any claim been made against you for either damage to another vehicle or property?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If yes, give details and amounts			

DETAILS OF ALL WITNESSES

State if the witness was:

(a) an independent witness;

(b) in the insured vehicle; or

(c) in the third party vehicle ☒ (See below)

Were there any witnesses to this accident?

☐ YES

☐ NO

If "yes" provide details:

Name:

Phone No:

Address:

Name:

Phone No:

Address:

Please note:

1. Make sure that you give us ALL details about your claim.
2. Please send any documentation you have which may assist in verifying ownership.
3. Send us all original quotations which you have received from the repairer.
4. Tell the Police immediately about any loss or damage which has been caused by theft, vandalism or malicious damage to your vehicle.
5. For Third Party claims, do not admit liability.
6. Contact your Claims Broker should you require assistance.

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of insured or person with authority to sign for or on behalf of the insured:

Date:

Signature of the driver (if not the insured):

Date:

***This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business**

PRIVACY STATEMENT

PRIVACY – CORE UNDERWRITING PTY LTD

Protecting your privacy

We are committed to protecting your privacy and the privacy of any personal information provided to us. We comply with the Australian Privacy Principles set out in the Privacy Act 1988. A full version of our Privacy Policy is available (see the link below) which sets out details about how we manage and what we do with your personal information.

In summary:

What personal information will we collect and why do we need it?

We may need to collect personal information from you so that we can provide you with the insurance services you are seeking from us.

How do we collect the personal information?

Information is primarily collected through brokers or directly from you. It might also be collected on occasion in person by investigators or to the officers or service providers of ours, in writing, by telephone and by other electronic communication channels.

We may need to obtain personal information from others to ensure that we are fully informed in relation to the issues that we need to address with regard to your insurance and any claim that you may make.

Who will see or have access to your personal information?

Unless we are required to provide your personal information to others by law, by court order or to administer or investigate an application for insurance or a claim, your information will only be seen or used by persons working within the Core Underwriting group of companies.

Security of Information

Our information systems and files are kept secured from unauthorised access and our staff and contracted agents and service providers have been informed of the importance we place on protecting your privacy and their role in helping us to do so. Information will be stored and disposed of in a secure environment, which may only be accessed by authorised personnel.

What if I want to check what personal information you hold about me?

We are happy to advise you what personal information we hold about you and share this information with you. This will be the case unless there is a relevant exception under the Privacy Act 1998 that applies.

Can I correct the information?

If you believe there are errors in our records about you, please let us know and we will be happy to investigate and correct any inaccuracies.

Cookies

Our website may use cookies to provide a better browsing experience. If you prefer not to have cookies collected, you can disable this option in your browser settings.

Direct Marketing

Apart from notifying you of our service offerings, we do not, without your consent, sell, rent, license or otherwise disclose your information to any party for the purposes of direct marketing.

Cross Border Storage

In order for us to provide our services, we may receive and share personal information with the Core Underwriting group of companies, third parties and we may also store that information on servers that are not in Australia. We will ensure that any party with whom we share personal information overseas will be required to comply with the Privacy Act 1988.

Further information

If you would like further information, please review our full Privacy Policy or if you have any complaints or concerns over the protection of the information you have given to us or that we have collected from others, contact the privacy officer at:

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