

## Important notice

The issue of this form does not constitute any admission of liability on the part of the insurer.

Please read the claim form fully prior to answering the questions.

ALL questions must be answered as fully as possible using any additional sheets if necessary and copies of relevant documentation should be attached.

If You have any questions in relation to the completion of the claim form, please contact your insurance broker.

Please send the completed claim form, as soon as possible, to your Insurance broker or to:

New South Wales Claims - claims.nsw@uaa.com.au

Queensland Claims - claims.qld@uaa.com.au

Victorian Claims - claims.vic@uaa.com.au

Tasmanian Claims - claims.tas@uaa.com.au

Western Australia Claims - claims.wa@uaa.com.au

South Australia Claims - claims.sa@uaa.com.au

Northern Territory Claims - claims.nt@uaa.com.au

## A. Type of claim - please indicate ( X ) type of claim/s being reported

|                                 |  |   |  |
|---------------------------------|--|---|--|
| SECTION 1 - Damage              |  | SECTION 2 - Hired in Plant (Liability to Owner) |  |
| SECTION 3 - Additional Benefits |  | SECTION 4 - Financial Protection                |  |
| SECTION 5 - Breakdown           |  | SECTION 6 - Road Risk                           |  |
| SECTION 7 - Broadform Liability |  |   |  |

## B. Details of insured

1. Policy number

|  |                        |  |
|--|------------------------|--|
|  | Claim number, if known |  |
|--|------------------------|--|

2. Name(s) of insured(s)

3. Are you registered for GST purposes? Yes No

|     |  |                              |  |
|-----|--|------------------------------|--|
| ABN |  | Input Tax Credit Entitlement |  |
|-----|--|------------------------------|--|

4. Insured's address and contact details

|                        |  |               |          |
|------------------------|--|---------------|----------|
|                        |  | State         | Postcode |
| Insured contact person |  |               |          |
| Telephone number       |  | Mobile number |          |
| E-mail address         |  |               |          |

## C. Insured machine/vehicle

5. Make & model

|  |      |  |
|--|------|--|
|  | Year |  |
|--|------|--|

6. Registration number

|  |               |  |
|--|---------------|--|
|  | Engine number |  |
|--|---------------|--|

7. Serial number

|  |                    |  |
|--|--------------------|--|
|  | Gross Vehicle Mass |  |
|--|--------------------|--|

8. Registered owner of machine/vehicle

9. What is the extent of damage to your machine/vehicle?

10. Where can it be inspected?

11. Was your machine/vehicle towed? Yes No  
 If 'Yes', by whom:
12. Can the machine/vehicle be driven safely? Yes No
13. Was the machine/vehicle hired at the time? Yes No  
 If 'Yes' wet or dry hire (wet with your operator, dry without your own operator) Wet Dry

14. Who hired the machine/vehicle?

15. Their address

|  |       |  |          |  |
|--|-------|--|----------|--|
|  | State |  | Postcode |  |
|--|-------|--|----------|--|

16. Were conditions of hire agreed upon prior to the job? Yes No  
 (Please attach a copy of the conditions of hire to this claim form)
17. Is the damaged machine/vehicle under any finance? Yes No  
 If 'Yes', please provide name of the financier

Contract number

Financier's postal address

18. Describe the task being performed by the machine/vehicle at the time of the incident

19. Have you obtained any repair quotations? Yes No  
 (If 'Yes', please attach to this claim form)

**D. Details of driver/operator**

20. Name of driver/operator

21. Their address

|   |       |               |                |       |
|---|-------|---------------|----------------|-------|
|   | State |               | Postcode       |       |
| Phone number                                    |       | Date of birth | /              | /     |
| Licence no                                      |       | Expiry date   | /              | /     |
| Operator's ticket details                       |       |               | Years licenced | years |
| Operator's experience with this type of machine |       |               | Years licenced | years |

22. Was the operator an employee of the insured? Yes No  
 If 'No', please state relationship

23. 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? Yes No

If 'Yes', please provide details

24. Did the operator consume any intoxicating liquor or take any drugs during the twelve (12) hours prior to the incident? Yes No  
 If 'Yes', please provide details

## D. Details of driver/operator

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

Yes No

If 'Yes', please provide the results

|  |
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|  |
|--|

## E. Incident/claim details

26. Date of incident

/ /

27. Time of Incident (am/pm):

|  |
|--|
|  |
|--|

28. Location of Incident

|        |  |       |          |
|--------|--|-------|----------|
|        |  |       |          |
| Suburb |  | State | Postcode |

29. How did the incident occur? (Please provide a precise description)

|  |
|--|
|  |
|--|

30. What was the condition of the road/site at the time of incident?

Wet Dry Loose

31. What speed was the machine/vehicle doing at the time of the incident?

|  |
|--|
|  |
|--|

32. Estimated speed of the other party at the time of the incident (if applicable)

|  |
|--|
|  |
|--|

33. Who do you consider at fault?

Yourself Other party

If 'Other party', please state why

|  |
|--|
|  |
|--|

34. Were there any witnesses?

Yes No

If 'Yes', please provide details

|  |
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|  |
|--|

35. Was the incident reported to the Police and/or Workcover?

Yes No

Name of officer

Police station or authority

Date reported

/ /

Name of person who reported the matter to authorities

Did the Police state who was responsible?

Yes No

If 'Yes', please provide details

|  |
|--|
|  |
|--|

## F. Other parties, if applicable

36. Name of driver

Age

years

Their address

|            |         |                 |  |
|------------|---------|-----------------|--|
|            |         |                 |  |
|            | State   | Postcode        |  |
| Licence no | Rego no | Type of vehicle |  |

37. Name of owner

|                         |       |               |  |
|-------------------------|-------|---------------|--|
|                         |       |               |  |
| Owners address          |       |               |  |
|                         |       |               |  |
|                         | State | Postcode      |  |
| Phone number            |       |               |  |
| Their insurance company |       | Policy number |  |

## F. Other parties, if applicable

38. Did this vehicle/machine have to be towed away from the incident scene? Yes No

39. Was there more than one (1) other party involved? Yes No

If 'Yes', please provide details

## G. Legend

40. Please draw a sketch of the incident/site location .Indicate centre of roadway, direction and locations of vehicles and location of traffic.

INDEX: Indicate Insured's vehicle (A), Other Party's vehicle (B), (C), (D) etc.

(Please name Third Party)

## H. Declaration

1. I/We declare that the whole of the above information and answers given are true in every detail and no information has been withheld.
2. I/We understand the claim may be refused if information is not true or is withheld.
3. I/We declare that where this Claim Form is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the insured's duly authorised representative.

## I. Important

1. Own Damage - No repairs or alterations to the damaged machine/vehicle should be made until approved by UAA/QBE Insurance.
2. Claims by other parties - No liability of any sort shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured.

## J. Privacy notice

We are bound by the Privacy Act and its associated national privacy principles when we collect and handle your personal information. We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as Underwriters, Loss Assessors and other service providers. You can seek access to and if necessary collect your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals we rely on you to have made or make them aware that you will or may provide their information to use, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things you must tell us before you provide the relevant information.

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the QBE Privacy Policy Statement from our website [www.qbe.com](http://www.qbe.com) or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com).

Name  Position

Signature  X Date