



**2. DETAILS OF THE DAMAGED PLANT/VEHICLE**

For each damaged Plant/Vehicle, please state the following:

Year: \_\_\_\_\_ Make: \_\_\_\_\_

Registration No.: \_\_\_\_\_ Model: \_\_\_\_\_

Carrying Capacity: \_\_\_\_\_ Engine / Serial No.: \_\_\_\_\_

Colour: \_\_\_\_\_ Odometer Reading: \_\_\_\_\_

Registered owner of the Plant/Vehicle \*: \_\_\_\_\_

*\* Please attach a copy of the registration papers*

Date of purchase: \_\_\_\_\_ Is the Plant/Vehicle under Finance? YES / NO

The financiers: Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Describe the extent of damage to the Plant/Vehicle: \_\_\_\_\_

\_\_\_\_\_

Did the Plant/Vehicle require a tow? YES / NO By who? \_\_\_\_\_

Where can the Plant/Vehicle be inspected? \_\_\_\_\_

Can the Plant/Vehicle be driven safely? YES / NO

Was the Plant/Vehicle hired from a third party at the time of the accident? YES / NO

If YES, Was it: Wet Hire (i.e. with an operator) Dry Hire (i.e. without an operator)

State who hire the Plant/Vehicle: \_\_\_\_\_

Were the terms of the hire agreed? YES \* / NO

*\* Please attach a complete copy of the hire agreement or terms of hire*

Have you obtained quotes for repairs? YES \* / NO

*\* Please attach a copy of all quotations*

**3. WHERE & HOW THE DAMAGE OCCURED TO YOUR PLANT/VEHICLE**

a) Please state when and where the damage occurred:

Time: \_\_\_\_\_ Date: \_\_\_\_\_ Day: \_\_\_\_\_

Location: Street: \_\_\_\_\_

Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

b) Please describe the task being performed at the time of the accident/loss: \_\_\_\_\_

\_\_\_\_\_

c) Please describe how the damage to your Plant/Vehicle occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

d) Immediately before the loss/accident, please circle or describe the following conditions:

Was the visibility: Dawn Clear Day Raining Dusk Dark Foggy Dusty/Smokey

Other: \_\_\_\_\_

Was the road/site: Dry Wet Covered in debris – state type of debris: \_\_\_\_\_

Other: \_\_\_\_\_

e) What was the approximate speed of the Plant/Vehicle at the time of the accident? \_\_\_\_\_ klms p/hr

f) If there was another party involved, please state their approximate speed at the time of the accident: \_\_\_\_\_ klms p/hr

g) Who do you believe is at fault for the accident? (please circle) You The other party

Why? \_\_\_\_\_

h) Were there any witnesses to the accident? YES / NO

If YES, please state their details and their relationship with you.

Name	Phone	Relationship

i) Was the accident reported to the Police and/or any regulatory authority (e.g. Workcover, EPA, etc)? YES \* / NO

If YES, please complete the following details. \* Please attach a copy of each report

Authority	Date Reported	Location of Office	Phone No.	Reference No.
	/ /			
	/ /			

j) Did the Police state who was at fault? YES / NO If YES, who? You The other party

k) Please state the name and contact number of the person who reported the matter.

\_\_\_\_\_

**4. DETAILS OF OPERATOR/DRIVER OF THE PLANT/VEHICLE**

Please have the following details completed by the operator/driver of the Plant/Vehicle at the time of the accident/ loss.

Your Name: \_\_\_\_\_

Your Home Address: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Mobile No.: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Please attach a copy of your current: - Drivers License Years Licensed: \_\_\_\_\_

- Operators Ticket Years Ticketed: \_\_\_\_\_

What is your experience with operating this type of plant/vehicle? \_\_\_\_\_

\_\_\_\_\_

Are you an employee? YES / NO

If YES, how long have you been an employee of the Insured? \_\_\_\_\_ months / years

If NO, what is your relationship? \_\_\_\_\_



Did you consume any alcohol and/or take any drugs in the 12 hours prior to the accident/loss? YES / NO

If YES, please provide full details. \_\_\_\_\_

Did you undergo a breath, blood, urine or any other type of test for alcohol and/or drugs? YES / NO

If YES, please state full details of the results. \_\_\_\_\_

In the past 5 years, have you:

Had your motor vehicle (including any motorcycle) license suspended, cancelled, renewal declined, downgraded, &/or surrendered to the licensing authority? YES / NO

Been charged with and/or convicted of a offence relating to the ownership, use or control of any motor vehicle &/or mobile plant/machinery? YES / NO

If YES, please state full details. \_\_\_\_\_

**5. DETAILS OF ANY THIRD PARTIES INVOLVED IN THE LOSS**

For each third party and/or third party Plant/Vehicle involved, please provide the following details.

Name of the other driver: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address of the other driver: \_\_\_\_\_

Rego No.: \_\_\_\_\_ Drivers License No.: \_\_\_\_\_ DOB: \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

Make & Model of other Plant/Vehicle: \_\_\_\_\_

Name of the other Plant/Vehicle's Owner: \_\_\_\_\_

Address of the other Plant/Vehicle's Owner: \_\_\_\_\_

Did the other Vehicle require a tow from the accident? YES / NO

Describe the damage to the other Plant/Vehicle: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Their insurance company: \_\_\_\_\_ Their Policy No.: \_\_\_\_\_

If YES, how long have you been an employee of the Insured company? \_\_\_\_\_

If NO, what is your relationship? \_\_\_\_\_

Did you consume any alcohol and/or take any drugs in the 12 hours prior to the accident/loss? YES / NO

If YES, please provide full details. \_\_\_\_\_

Did you undergo a breath, blood, urine or any other type of test for alcohol and/or drugs? YES / NO

If YES, please state full details of the results. \_\_\_\_\_

**6. ACTION YOU HAVE TAKEN SINCE THE ACCIDENT/LOSS**

Could this incident have been avoided? YES / NO

If YES, please state how. \_\_\_\_\_

\_\_\_\_\_

What action will you take for your business to avoid or reduce the likelihood of a similar incident occurring again?

\_\_\_\_\_

\_\_\_\_\_

**7. DIAGRAM OF HOW THE ACCIDENT/LOSS OCCURRED**

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Please draw a diagram of the accident/loss. Please mark all the identifying features including road/s, intersections, lights, roundabouts, direction of your Plant/Vehicle, & direction of the third party Plant/Vehicles.

Please mark:

- Your Plant/Vehicle with "1"
- Third party Plant/Vehicles with "2", "3", "4", etc. Please state the name of the third party marked as "2", "3", "4", etc.

**8. DECLARATION**

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I/We

a) declare that:

- i. I/we have read and understood the clauses detailed under the Important Notices section at the front of this form;
- ii. the answers and information given by me/us in this form are true and correct in all respects;
- iii. no relevant information has been withheld;
- iv. where answers in this form are not in my/our own handwriting, they have been checked by me/us and I/we agree they are correct;

b) authorise the Underwriters to give to, or obtain from other any other insurers, insurance or credit reference bureau, loss adjusters/assessors, and other service providers, any information relating to this insurance and this accident/loss/claim.

Driver's/Operator's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Insured's Signature: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name of Signatory: \_\_\_\_\_

Title: \_\_\_\_\_

