

# Contractors plant & equipment

## Claim form

Policy number

Name of business(es) insured

Correspondence address inc. post code

Name of the director / person handling the claim on your behalf

Contact email address

Contact telephone number

### DETAILS OF CLAIM

Date of occurrence

Time of occurrence

Place of occurrence

Nature of work being carried out by the plant / equipment

Name of person in charge of the plant / equipment

Address of person in charge of the plant / equipment

Contact telephone number of the person in charge of the plant / equipment

Was the person in charge of the machine employed by you?

Please detail the operator's license or permit

Was the person in charge of the plant / equipment operating it with your consent?

Name of operator's employer if not employed by you

Please explain how the loss or damage occurred

Name of any witness to the loss / damage

Address of any witness to the loss / damage

Contact telephone number of any witness to the loss / damage

# Contractors plant & equipment

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## DETAILS OF THE PLANT / EQUIPMENT

Make

Model

Age

Date of purchase

Value

Registration / identification number

Name of owner

Address of owner (if not the insured)

Is the machine hired in / out by the insured

Name of hire company / hirer

Address of hire company / hirer

Contact telephone number of hire company / hirer

## LOSSES OCCURRING DUE TO THEFT OR MALICIOUS DAMAGE

Name of person who discovered the loss

How was the loss discovered

How was the plant / equipment immobilised or secured from theft or malicious damage

Was a hydraulic lock or other anti-theft device fitted to the plant / equipment (detail)

Please provide details of site / premises security

When was the loss reported to the Police

What is the Police crime reference number

Name of Police office and number

Police station name

Police station address

Have any steps been taken to recover the plant / equipment

## LOSSES OCCURRING DUE TO DAMAGE

How did the damage occur

Address where damaged plant / equipment can be inspected

What is the estimated cost of repairs

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## LOSSES OCCURRING DUE TRANSIT

Name of carrier

Address of carrier

Method of conveyance of plant / equipment

How was the plant / equipment packaged / secured

Conditions of carriage

Was the damage as a result of loading or unloading

Who was responsible for loading or unloading

Conditions of carriage

**Please attach**

YES - X	NO - X
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Conditions of hire

<input type="checkbox"/>	<input type="checkbox"/>
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Purchase receipt(s)

<input type="checkbox"/>	<input type="checkbox"/>
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Estimate for repairs

<input type="checkbox"/>	<input type="checkbox"/>
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Valuation supporting documentation

<input type="checkbox"/>	<input type="checkbox"/>
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Conditions of carriage

<input type="checkbox"/>	<input type="checkbox"/>
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Photographs

<input type="checkbox"/>	<input type="checkbox"/>
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**I/ we declare that the statements detailed in this submission are true and accurate to the best of my/our belief**

Authorised signature

Name of signature

Position

Date of signature

Please keep a copy of this submission for your own records