

LEVEL 13 / 141 WALKER ST
NORTH SYDNEY NSW 2060
PO BOX 1813
NORTH SYDNEY NSW 2059
PLANTCLAIMS@SURA.COM.AU

CLAIM FORM

POLICY DETAILS

Insured		
ABN	Policy No.	
To what extent can you claim an input tax credit on your insurance premiums?		%
Address		
City	State	Postcode
Contact Name		
Telephone	Mobile	
Fax	Email	
Name of Insurance Broker (Company Name)		
Branch	State	
Your Brokers Name	Telephone	
Fax	Email	

DETAILS OF INSURED ITEM(S) INVOLVED

Description of item(s) as shown in the Insurance Policy Schedule		
Serial No(s)	Rego No(s) (if applicable)	
Year of Manufacture	Hours Worked/Speedo Reading	
Capacity/Tonnage	Date Purchased / /	
Is the item(s) under any Financing?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, advise the following details:		
Name of Lender		
Address		
Account Details		

DRIVER/OPERATOR DETAILS

Driver/Operator Name

Address

City

State

Postcode

Contact Name

Telephone

Mobile

Fax

Email

Drivers/Ticket/Operators Licence No

Expiry Date

Relationship of Driver/Operator (ie the insured, employee, contractor, hirer)

Number of years fully licensed

less than 2 years

more than 2 years

[Please attach a copy of the licence/ticket to this form.](#)

Did the driver/operator consume alcohol or use drugs in the 12 hours prior to the Accident?

Yes

No

Did the driver/operator undergo a breath test, analysis or blood test?

Yes

No

What was the reading? (Please attach copy of the certificate)

DETAILS OF THE EVENT FORMING THE BASIS OF THIS CLAIM

Date of Loss

/ /

Time of Loss

AM

PM

Location of Loss

Street

Suburb

Postcode

What happened? Please provide full details

OTHER PARTIES CONSIDERED RESPONSIBLE

Was any other party responsible for causing the accident, personal injury or damage?

Yes

No

If yes, please provide full details:

Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

Contact Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

Contact Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

Contact Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

THERE ARE 4 POSSIBLE CLAIM TYPES COVERED BY THIS FORM.
PLEASE ONLY COMPLETE THE FOLLOWING ONES RELEVANT TO THE CLAIM BEING SUBMITTED.

**CLAIM TYPE 1
DAMAGE CAUSED TO YOUR INSURED ITEM**

HIRE STATUS

Was the Insured Item(s) on hire at the time? Yes No

If yes, please advise the following:

Did it include an Operator? Yes No

Were conditions of hire agreed prior to commencement of hire? Yes No

Please advise details (and if in writing, attach a copy of the agreement)

Name of Hirer

Address

Suburb

State

Postcode

LOSS OR DAMAGE BEING CLAIMED

Are you claiming the cost of repairs to the Insured Item? Yes No

Where can the Insured Item be inspected?

Address

Suburb

State

Postcode

Contact Details to Arrange Assessment:

Name

Contact Number

CIRCUMSTANCES AT THE TIME OF LOSS

Was the Insured Item being used with Your Knowledge and consent? Yes No

If yes, reason for use (Business/Private)

Road Surface Dry Wet Sealed Unsealed Flat Uphill Downhill

Road Type Straight Curved Left Turn Right Turn

At the time of the accident the Insured's vehicle was Parked Stationary Moving

What speed was it travelling? KPH

Traffic Controls None Stop Sign Roundabout Give Way Sign Traffic Lights

Details of any other party involved in the event:

Name	Contact Details
------	-----------------

Who was at fault and why?

THEFTS AND/OR ATTEMPTED THEFTS

Please describe the events from the time the Inured item was last seen until the loss or damage was discovered

Who discovered the loss?

Is there any CCTV footage available? (Please retain copy in case of dispute in liability) Yes No

What security devices, if any, were attached to the machine?

CLAIM TYPE 2**THIRD PARTY PROPERTY DAMAGE AND PERSONAL INJURY CAUSED BY YOUR ROAD REGISTERED INSURED ITEM**

Are you claiming for damage caused to third party property, or personal injury caused by your registered insured item:

Yes No

THIRD PARTY PROPERTY DAMAGE

Was the third party property damaged a road registered Motor Vehicle or item of plant?

Yes No

If yes, please advise:

Item Details

Rego No

Items Owners Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

OTHER PROPERTY DAMAGE

Please describe the details of the property and the damage sustained

Do you have any idea as the value of the damage sustained?

\$

PERSONAL INJURY

Please advise the details of any injured party:

Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

What was the type of injury sustained?

How severe was the injury in your opinion?

Trivial Minor Major Serious

Name _____

Address _____

City _____ State _____ Postcode _____

Telephone _____ Mobile _____

Fax _____ Email _____

What was the type of injury sustained? _____

How severe was the injury in your opinion? Trivial Minor Major Serious

Name _____

Address _____

City _____ State _____ Postcode _____

Telephone _____ Mobile _____

Fax _____ Email _____

What was the type of injury sustained? _____

How severe was the injury in your opinion? Trivial Minor Major Serious

Was transport provided? Yes No

Was an ambulance called? Yes No

WORKCOVER

Was the injured person working at the time of the injury? Yes No

Did Workcover attend the accident/incident? Yes No

If Yes please advise the officers name _____

Did Workcover lay any charges or intimate action may be taken? Yes No

Advise details of Worker's Employer _____

CLAIM TYPE 3
THIRD PARTY PROPERTY DAMAGE AND PERSONAL INJURY CAUSED BY YOUR BUSINESS ACTIVITIES

HOW WAS THE ACCIDENT/INCIDENT REPORTED TO YOU

Reported by Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

How was it reported?

in person by telephone by letter

Reported to Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

Position in Insured Company

CAUSE

Was the accident caused by the action of an individual(s) Plant or Equipment A Motor Vehicle

Your product During your performance of work

PROPERTY DAMAGE

Please describe the details of the property and the damage sustained

Do you have any idea as the value of the damage sustained? \$

PERSONAL INJURY

Please advise the details of any injured party:

Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

What was the injury sustained?

How severe was the injury in your opinion?

Trivial Minor Major Serious

Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

What was the injury sustained?

How severe was the injury in your opinion?

Trivial Minor Major Serious

Name

Address

City

State

Postcode

Telephone

Mobile

Fax

Email

What was the injury sustained?

How severe was the injury in your opinion?

Trivial Minor Major Serious

Was transport provided?

Yes No

Was an ambulance called?

Yes No

WORKCOVER

Was the injured person working at the time of the injury?

Yes No

Did Workcover attend the accident/incident?

Yes No

If Yes please advise the officers name

Did Workcover lay any charges or intimate action may be taken?

Yes No

Advise details of Worker's Employer

CLAIM TYPE 4
DAMAGE TO YOUR INSURED ITEM, LIMITED TO GLASS REPLACEMENT ONLY

PARTICULARS OR BREAKAGE

Type of Windscreen	<input type="checkbox"/> Laminated	<input type="checkbox"/> Tinted	
	<input type="checkbox"/> Other (Please specify)		
Date of Breakage	/ /		
Location where breakage occurred			
How did Breakage occur	<input type="checkbox"/> Rock Thrown	<input type="checkbox"/> Other Missile	
	<input type="checkbox"/> Other (Please specify)		
Details of Glass Breakage	<input type="checkbox"/> Windscreen	<input type="checkbox"/> Drivers Window	<input type="checkbox"/> Rear Window
	<input type="checkbox"/> Passenger Window	<input type="checkbox"/> LH side	<input type="checkbox"/> RH side
	<input type="checkbox"/> Other (Please specify)		
Have you made a claim for windscreen or glass damage in this policy period?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Amount being claimed	\$		

ELECTRONIC FUNDS TRANSFER DETAILS

Following Sura Plant and Equipment's approval of your claim, your benefits can be transferred directly into your bank account. Please provide the following details:

Name of Financial Institution	
Account Name	
BSB	Account No
Bank SWIFT code (if required)	

DECLARATION

N.B. If the insured is a company, partnership or other business venture, this declaration must be made and signed by an authorized person. Please provide details of any other insurance, either through SURA Plant and Equipment Pty Ltd or another insurer that may provide cover for Your claim.

Name of Other Insurer

City

State

Postcode

Policy No if known

Have You or the Insured, reported a claim to SURA Plant and Equipment Pty Ltd or any other insurer during the past 5 years?

Yes No

If Yes, please provide details

Have You or the Insured, ever had a claim denied?

Yes No

If Yes, please provide details

I/We declare that the information supplied on this form and in any attached documentation is correct and that I/we have not withheld any material information relevant to this claim.

I/We also agree to advise SURA Plant and Equipment Pty Ltd immediately if any lost or stolen property referred to in this claim is subsequently recovered.

I/We authorize SURA Plant and Equipment Pty Ltd to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies, any information relating to the Insured's credit, insurance and claims history.

SIGNATURE OF INSURED:

DATE:

PRINT NAME:

TITLE:

SIGNATURE OF WITNESS:

DATE:

PRINT NAME:

TITLE:

ADDRESS:

CITY/STATE/POSTCODE: