

Claim Form

# Contractors Plant

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Allianz Insurance plc | Engineering



Please Complete this Form in Block Capitals

## Insured

Name	<input type="text"/>		
Policy No.	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>
Occupation	<input type="text"/>		
Home Tel. No.	<input type="text"/>	Office Tel. No.	<input type="text"/>
Are you registered under the VAT regulations?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	What percentage can you recover? <input type="text"/> %

## Operator or person in charge of Plant

Name	<input type="text"/>	Age	<input type="text"/>
Address	<input type="text"/>		Postcode <input type="text"/>
Home Tel. No.	<input type="text"/>	Office Tel. No.	<input type="text"/>
Occupation	<input type="text"/>	Length of time employed	<input type="text"/>
Name, address and telephone no. of Employer			
<input type="text"/>			
If not the Policyholder did the operator have the Policyholder's permission to operate the plant?			
			Yes <input type="checkbox"/>
			No <input type="checkbox"/>

## Accident

Date	<input type="text"/>	Time	<input type="text"/>	Place	<input type="text"/>
Description of Accident					
<input type="text"/>					

Give sketch plan of accident here (or on separate sheet) show how if possible, widths of roads, location and direction of travel of vehicles or pedestrians concerned and relevant signs.

## Third Party

Name  Policy/Certificate No.

Address  Postcode

Home Tel. No.  Office Tel. No.

Name and addresses of Insurers

Make, model and registration no. of Plant

Description of damage to other Vehicle or Property

## Witnesses

All witnesses (name, address and telephone no.)

## Theft

Purpose for which the plant was being used

Place and circumstances of loss

Date/Time Plant was left

Date/Time loss discovered

How Plant was secured

Police Station to which loss was reported (Name and address)

Date/time of Report  Crime Ref No.

**If supplied please attach police confirmation letter.**

## Description of Plant

**Please complete the following information for each item of Plant (Copy form if necessary)**

Make  Model

Serial No.  Reg No.

Date of Manufacturer  Date of Purchase (attach purchase receipts)

Date/Time of Report  Crime Ref No.



## Recovery – of Plant and/or Accessories

Date recovered

Time

Where found

If damaged, give details and forward estimate for repairs

Where is the plant and/or accessories lying and in whose charge?

I/We declare that this is a full and accurate statement according to my/our information and belief. I/We therefore claim the sum of £

I/We also declare that no person(s) has/have an interest in the property lost or damaged other than as stated herein.

### Damaged Property

The damaged property should be protected from further deterioration, but should not be disposed of until permission is given by the Company or the Appointed Adjusters.

### Notice

Insurers pass information to the Claims and Underwriting Exchange Register, run by Insurance Database Services Ltd (IDS Ltd) and the Motor Insurance Anti-Fraud and Theft Register, run by the Association of British Insurers (ABI). The aim is to help us to check information provided and also to prevent fraudulent claims. Under the conditions of your policy, you must tell us about any incident (such as accident or theft) which may or may not give rise to a claim. We will pass information relating to this incident to the registers.

### Data Protection Notification

We may use personal and business details you give us, or which are supplied by third parties, to consider your claim, to search the files of credit reference agencies who may keep a record of the search, to carry out such financial and other enquiries as we consider necessary to evaluate the claim and assist in making a decision regarding the claim, and for compliance business reviews. We may also share these details with other insurance organisations and selected other parties to handle claims and prevent fraud. Personal details may be transferred to countries outside of the EU. They will at all times be held securely and handled with the utmost care in accordance with all principles of UK law. We will store such personal details on the computer but will not keep them longer than necessary. Under the terms of the Data Protection Act 1998, individuals are entitled to a copy of all the information we hold about them.

Information may also be supplied to registers of lost or stolen property.

### Very Important – Fraudulent and Exaggerated claims

Deliberately exaggerated claims could invalidate your policy cover. Insurance fraud is a crime and liable to prosecution.

The above answers to our questions will be the basis of consideration of your claim. You must ensure that all information is **true and correct** to the best of your knowledge and belief, and that all material facts have been disclosed. A material fact is one that is likely to influence us in the assessment or acceptance of this claim, or one that is likely to influence our consideration of cover under the terms of your policy.

If you are in any doubt as to whether a fact is material, **you must disclose it.**

**Failure to do this may mean that your policy becomes invalid and a claim payment will not be made.**

I/We understand that you may seek information from other insurers to check the answers I/We have provided. This report is made in the bona fide belief that litigation may ensue and to enable solicitors and/or agents to advise and to conduct such litigation in relation thereto.

Signature of Insured

Date