

Mobile Plant & Equipment Insurance

Claim Form

A. Your Information

Relationship to Chubb:		Company:					
Name:							
Address:							
City/Suburb:		State:		Postcode:		Country:	
Phone No:		Mobile No:		Email:			

B. Policy Holder/Insured/Beneficiary Information

Policy No:				Policy Type:			
Name:							
Address:							
City/Suburb:		State:		Postcode:		Country:	
Phone No:		Mobile No:		Email:			

C. Type of Claims - please mark each relevant section of the policy

Section 1 - Damage to Machines	<input type="checkbox"/>	Section 2 - Increased Costs of Working	<input type="checkbox"/>
Section 3 - Loss of Income	<input type="checkbox"/>	Section 4 - Registered Machine Liability	<input type="checkbox"/>
Section 5 - General Liability	<input type="checkbox"/>		

D. Description of the Loss

Insured machine/vehicle			
Make & model:			Year:
Registration number:		Engine number:	
Serial number:		Gross vehicle mass:	
Registered owner of machine/vehicle?			
What is the extent of damage to your machine/vehicle?			

Where can it be inspected?			
Was your machine/vehicle towed?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If Yes, by whom:			
Can the machine/vehicle be driven safely?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Insured machine/vehicle <i>cont'd</i>					
Was the machine/vehicle hired at the time?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, wet or dry hire (wet with your operator, dry without your own operator)					<input type="checkbox"/> Wet <input type="checkbox"/> Dry
Who hired the machine/vehicle?					
Their address:					
City/Suburb:		State:		Postcode:	
Were conditions of hire agreed upon prior to the job? (please attach a copy of the conditions of hire to this claim form)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the damaged machine/vehicle under any finance?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide the following details of the financier:					
Financier name:		Contact number:			
Postal address:					
Describe the task being performed by the machine/vehicle at the time of the incident:					
Have you obtained any repair quotations? (If Yes, please attach to this claim form)					<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of driver/operator					
Name of driver/operator:					
Their address:					
City/Suburb:		State:		Postcode:	
Phone number:		Date of birth:			
Licence number:		Expiry date:		Years licenced:	years
Operators ticket details:		Expiry date:		Years licenced:	years
Operators experience with this type of machine:					
Was the operator an employee of the insured?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please state relationship:					
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?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, please provide details:					

Details of driver/operator *cont'd*

Did the operator consume any intoxicating liquor or take any drugs during the twelve (12) hours prior to the incident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details:

Did the operator undergo a test (blood, breath etc.) for alcohol and/or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide the results:

Incident/claim details

Date of incident:		Time of incident (am/pm):	
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Location of incident:

City/Suburb:		State:		Postcode:	
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How did the incident occur? (Please provide a precise description)

What was the condition of the road/site at the time of incident?	<input type="checkbox"/> Wet <input type="checkbox"/> Dry <input type="checkbox"/> Loose
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What speed was the machine/vehicle doing at the time of the incident?	
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Estimated speed of the other party at the time of the incident (if applicable)	
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Who do you consider at fault?	<input type="checkbox"/> Yourself <input type="checkbox"/> Other party
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If Other party, please state why

Were there any witnesses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details:

Was the incident reported to Police and/or Workcover?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name of officer:	
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Police station or authority:		Date reported:	
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Name of the person who reported the matter to the authorities:	
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Did the Police state who was responsible?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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If Yes, please provide details:

Other parties, if applicable									
Name of driver:					Age:		years		
Their address:									
City/Suburb:				State:		Postcode:			
Licence number:		Registration number:		Type of vehicle:					
Name of owner:									
Owners address:									
City/Suburb:				State:		Postcode:			
Phone number:									
Their Insurance company:				Policy number:					
Did this machine/vehicle have to be towed from the incident scene?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
Was there more than one (1) other party involved?								<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please provide details:									

Legend
<p>Please draw a sketch of the incident/site location. Indicate centre of roadway, direction and locations of vehicles and location of traffic.</p> <p>INDEX: Indicate Insured's vehicle (A), Other party's Vehicle (B), (C), (D) etc.</p> <p>(Please name Third Party)</p>

Chubb Insurance Australia Limited, Claim Privacy Consent and Declaration

Claim Privacy Consent

Chubb Insurance Australia Limited (Chubb) collects, uses and handles your personal information in accordance with the Privacy Act 1988 (Cth). You can access a copy of our Privacy Policy on our website at <https://www2.chubb.com/au-en/footer/privacy.aspx> or by contacting our customer relations team.

Your personal information will be used by Chubb, or third parties engaged by Chubb, for the purpose of assessing your claim or your entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes including customer surveys.

In so far as it is relevant to the claim, your personal information may include:

- a) information that is health information or sensitive information, including, without limitation, your medical history, any treatment received by you and any medication taken or prescribed for you (at any time) or your health insurance claims history, including Medicare;
- b) information relating to other insurance policies, including terms and conditions and claims history;
- c) details of your employment including position, period of employment, remuneration, hours worked and duties performed (at any time);
- d) information relating to your income, assets, liabilities and solvency;
- e) information from third persons who may have information relevant to your eligibility to receive a benefit, or your entitlement to receive an ongoing benefit;
- f) payment or billing information, such as bank account details, direct debit and credit card details or premium funding and insurance payment arrangements; and
- g) any other personal information that you may provide to Chubb or its third party contractors.

Collection from and Disclosure to Third Parties

To assess and process your claim Chubb may need to collect your personal information from third parties such as, but not limited to, your insurance broker, claims reference services, government organisations (for example, social security agencies or taxation offices), your doctor or other health service provider, any forensic accountant or investigator retained by Chubb, your employers (past and present), your accountant and any businesses which provide information about the commercial activities of persons or, if you are, or have been, bankrupt the trustee of your estate.

Chubb may disclose your personal information, including health and sensitive information, to other entities within the Chubb Group, other insurers, our reinsurers or third parties, including contractors and contracted service providers (such as assessors or investigators) who we, or those other Chubb Group entities, have engaged to provide a specific service related to the administration of your claim and the policy. Those entities may be located overseas, for example the regional head offices of Chubb in Singapore, UK or USA or third parties with whom we or those other Chubb Group entities have subcontracted to provide a specific service for us, which may be located outside of Australia (such as in the Philippines or USA). These entities and their locations may change from time to time. Please contact us, if you would like a full list of the countries in which these third parties are located.

Chubb may also disclose your personal information to witnesses in respect to your claim and to government agencies including the police (where we are compelled to by law).

If you'd like a copy of your personal information or wish to correct or update it, want to withdraw your consent to receiving offers of products of services from us or persons we have an association with, please complete Our Personal Information Request Form online or download it from www2.chubb.com/au-en/footer/privacy.aspx and return to CustomerService.AUNZ@chubb.com or contact our customer relations team on 1800 815 675.

Please note if you do not consent to the terms of this Privacy Consent or revoke your consent, Chubb may not be able to process or assess your claim.

Privacy Consent, Declaration and Authority

I:

- consent to the collection, use and disclosure of my personal information in accordance with Chubb's Privacy Policy and this document for the assessment of my claim. This consent remains valid unless I alter or revoke it by giving written notice to Chubb as outlined above;
- understand that by investigating my claim or by accepting proof of my claim, Chubb has made no acceptance of liability, nor waived any of its rights in defense of any claim arising under the insurance policy;
- agree to use my best endeavors and render all reasonable assistance and co-operation to Chubb in the assessment of my claim;
- confirm that any information that I supply will be true and correct and that I will not withhold any information likely to affect the acceptance or handling of my claim;
- understand that my claim may be denied if the information supplied is untrue, or I have not revealed all relevant facts;
- authorise any person or entity, including but not limited to the third parties referred to above, to provide to Chubb such personal information as Chubb considers relevant for its assessment of my claim;
- authorise Chubb to disclose my personal information (including sensitive/health information) to other third parties referred to above (who may be located overseas) where relevant to the assessment of my claim;
- appoint Chubb to do everything necessary including to execute on my behalf any documents or do such acts as required to give effect to this Privacy Consent, Declaration and Authority.

Signature of Claimant

Name of Claimant

Date

Claims under Sections 1, 2 &/or 3

Please attach any supporting documentation and email along with this completed Claim Form to aus.propertyclaims@chubb.com

Claims under Sections 4 &/or 5

Please attach any supporting documentation and email along with this completed Claim Form to aus.liabilityclaims@chubb.com

Claims under Sections 1, 2, 3, 4 &/or 5

Please attach any supporting documentation and email along with this completed Claim Form to aus.propertyclaims@chubb.com and aus.liabilityclaims@chubb.com

About Chubb in Australia

Chubb is the world's largest publicly traded property and casualty insurer. With operations in 54 countries and territories, Chubb provides commercial and personal property and casualty insurance, personal accident and supplemental health insurance, reinsurance and life insurance to a diverse group of clients. As an underwriting company, we assess, assume and manage risk with insight and discipline. We service and pay our claims fairly and promptly. The company is also defined by its extensive product and service offerings, broad distribution capabilities, exceptional financial strength and local operations globally. Parent company Chubb Limited is listed on the New York Stock Exchange (NYSE: CB) and is a component of the S&P 500 index. Chubb maintains executive offices in Zurich, New York, London, Paris and other locations, and employs more than 30,000 people worldwide.

Chubb, via acquisitions by its predecessor companies, has been present in Australia for 100 years. Its operation in Australia (Chubb Insurance Australia Limited) provides specialised and customised coverages, including Business Package, Marine, Property, Liability, Energy, Professional Indemnity, Directors & Officers, Financial Lines, Utilities, as well as Accident & Health insurance, to a broad client base, including many of the country's largest companies. Chubb also serves successful individuals with substantial assets to protect and individuals purchasing travel and personal accident insurance. With five branches and more than 800 staff in Australia, it has a wealth of local expertise backed by its global reach and breadth of resources.

More information can be found at www.chubb.com/au.

Contact Us

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