

Claim
Form

Allianz Insurance plc www.allianz.co.uk

Contractors Plant

Allianz Engineering, Haslemere Road, Liphook, Hampshire GU30 7UN
Tel: 01483 265825 Fax: 0870 060 5329 claims@allianzengineering.co.uk
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	<input type="text"/>	Policy/Certificate No.	<input type="text"/>	
Address	<input type="text"/>		Postcode	<input type="text"/>
Home Tel. No.	<input type="text"/>	Office Tel. No.	<input type="text"/>	
Name and addresses of Insurers				
<input type="text"/>				
Make, model and registration no. of Plant	<input type="text"/>			
Description of damage to other Vehicle or Property	<input type="text"/>			

Witnesses

All witnesses (name, address and telephone no.)

Theft

Purpose for which the plant was being used	<input type="text"/>		
Place and circumstances of loss	<input type="text"/>		
Date/Time Plant was left	<input type="text"/>		
Date/Time loss discovered	<input type="text"/>		
How Plant was secured	<input type="text"/>		
Police Station to which loss was reported (Name and address)	<input type="text"/>		
Date/time of Report	<input type="text"/>	Crime Ref No.	<input type="text"/>

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	<input type="text"/>	Model	<input type="text"/>
Serial No.	<input type="text"/>	Reg No.	<input type="text"/>
Date of Manufacturer	<input type="text"/>	Date of Purchase (attach purchase receipts)	<input type="text"/>
Date/Time of Report	<input type="text"/>	Crime Ref No.	<input type="text"/>

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 the Motor Insurance Anti-fraud and Theft Register run by Insurance Database Services Ltd.(IDS Ltd). The aim is to help us check information provided and also prevent fraudulent claims. Under the conditions of your policy , you must tell us about any incident (such as an accident or theft) which may or may not give rise to a claim. We may pass information related to this incident to the register.

Data Protection Notification

We may use the personal and business details you give us, or which are supplied by third parties , to consider your claim, 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 may 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 EEA. They will at all times be held securely and handled with the upmost care in accordance with all principles of English law. We will store personal details on computer but will not keep them for 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.

Telephone calls may be recorded for our mutual protection, training and monitoring purposes.

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, correct and complete 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 application of cover under the terms and conditions 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 declare that the foregoing particulars to be correct to the best of my/our knowledge and belief. 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 conduct such litigation and advise in relation thereto.

Signature of Insured

Date