

CEMAC contractors machinery claim form



Wesfarmers General Insurance Limited, ABN 24 000 036 279



- * Definitions used in this form correspond with those used in your Policy
- * The issue of this form must not be taken as an admission of liability
- * The form is to be completed as far as possible by the Operator and signed by both owner and Operator. Omission of relevant information may delay claim.

Policy Number

Claim Number

1. Date of Accident 20 Time am/pm
 2. Place of Accident Street Town

3. Owner/ Insured's Details (detained as "you" in the Policy)

Owner's Name Private Phone

Address for reply

Postcode Business Phone

Owner's Business

If Machine is under Hire Purchase, Mortgage or Leasing Agreement, state names of all interested parties.

4. Goods and Services Tax (G.S.T.)

To ensure that you do not incur any unnecessary GST liabilities on this claim settlement please advise:

(a) Your Australian Business Number (A.B.N.) if applicable

(b) Any entitlement you have to an Input Tax Credit %

5. The Machine Insured Registration and Engine No. are essential.	Year Model	Make, Type of Machine and Body Colour	Reg. No.	Engine Number
	Repairs			At which Repairer may damaged Machine be inspected?
			Phone No. Is Machine At Repairers?	
			If not, when will it be available for inspection at Repairers?	
	Repair Quotation \$ (Please attach written itemised quotation)			

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	Level 11, 27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	Level 9, 50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 3307 4800 Phone (07) 4722 6000	Fax (07) 3307 4899 Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Lumley Insurance is a trading name of Wesfarmers General Insurance Limited

9. DAMAGE

Briefly describe damage to the insured Machine.

(i) Was the Machine being used in accordance with all of the manufacturer’s guidelines and instructions?
 YES NO

(ii) Were all legal requirements and relevant workplace health and safety regulations complied with?
 YES NO

If you answered “No” to either of the above two questions, please give full details.

(iii) Did workcover attend? YES NO

THIRD PARTY PROPERTY DAMAGE

10. The other vehicle/ machine	Was another vehicle or machine involved? If Yes, please complete below. YES <input type="checkbox"/> NO <input type="checkbox"/> Make Type Rego. No Owner’s Name/Address Driver’s Name/Address Damage to other vehicle/machine Important: With what company is other vehicle insured “comprehensively”?
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11. Particulars of accident plan below is also to be completed	Exact purpose for which the insured Machine was being used at time of accident If a goods vehicle, state weight and nature of land. If after sundown - what lamps were alight - on your Machine? on any other vehicle?	Was your Machine on correct side of the road? Was road way wet or dry? Estimated speed at the time of impact - (a) of your Machine? (b) of any other vehicle? Estimated speed 50 yards before impact - (a) of your Machine? (b) of any other vehicle? Were all traffic regulations being on the cause of the accident were made by other operator/driver?
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THIRD PARTY PROPERTY DAMAGE

12. Responsibility for accident

What remarks bearing on the cause of the accident were made by other operator/drive?

Who do you consider was a fault and why?

Did you admit fault or liability? Did other operator/drive?

Has any claim, verbal or written, been made upon you and/or the operator of your Machine; if so, give full details?

Note - All written communications received must be forwarded at once to CEMAC unanswered.

13. Reporting to Police

Has the accident been reported to the Police?

Police Station to which reported

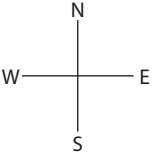
If known -

Is any Police action pending?

If so, what and against whom?

Who do Police consider responsible for accident?

14. Sketch Diagram of Accident: Indicate direction and location of vehicles/Machines, also point of collision.



15. Any damage to other property (other than to Machines/vehicles)? YES NO

If Yes, please provide description of property and damage:

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Owners Name:

Postal address:

Postcode

With regard to property damage, has any estimate of costs become available? YES NO

Estimate: \$

THIRD PARTY PROPERTY DAMAGE

16. Injuries to persons: Give as far as possible, their names and addresses, particulars of injuries, whether passengers or pedestrians, and name of hospital which treated them.

Has a report of injury and/or property damage been made to you by a third party? **YES** **NO**

If Yes, what their name: Date of notification: / /

Has a claim been made on you and/or the Operator, either verbally or in writing? **YES** **NO**

Have you and/or the Operator admitted liability to any other party for property damage or injury?
 If Yes, to whom and for what reason? **YES** **NO**

All written communication received from third parties must be forwarded at once to CEMAC. Do not correspond with the third party.

17. STOLEN MACHINE

(a) Is the Machine subject to any finance or leasing agreement? If Yes, please give details. **YES** **NO**

Name of Company: Account No:

Amount Outstanding: \$ Date of Last Payment Made: / /

(b) From whom was the Machine purchased?

Purchase Price: \$ Date of Purchase: / /

(c) Expiry Date of Registration: / /

(d) Was an anti-theft device fitted? If Yes, please give details. **YES** **NO**

Was it activate? **YES** **NO**

(e) Was Machine locked? **YES** **NO** (f) Were the keys removed? **YES** **NO**

(g) How many sets of keys are there to the vehicle?

(h) Did you ever try to sell the Machine before its theft? If Yes, please give details **YES** **NO**

(i) List all the extras fitted to the Machine and any distinguishing features or marking.

(j) List all modifications made to the Machine other than standard manufacture.

(k) Where was your Machine at time of theft? Be specific e.g. car park, on the street.

(l) When was the Machine parked there? / /

(m) Why was the Machine parked there?

(n) Name of person in charge of Machine at time of theft

Name:

Postal address:

(o) To which Police Station was the theft reported?

Date: Time: am
pm File No:

Officers Name:

(p) Have you made a previous claim? If Yes, please give details YES NO

Space for additional information

Please attach or keep all invoices/receipts and photographs in support of your claim. Do not destroy or otherwise relinquish possession of damaged parts in support of your claim.

Complaints - Internal and External Complaints Procedure

If you do not agree with any decision we make in relation to your insurance, please write to us stating what you disagree with and why.

We will then either resolve or attempt to resolve your complaint immediately or refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a claim decision by the IDRC, the matter may referred to an independent alternate dispute resolution body, "Insurance Enquiries and Complaints Limited" provided it falls within their jurisdiction.

Privacy

Wesfarmers General Insurance Limited respects your privacy and complies with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Declaration and Signature

I/we certify that the information given in this claim form is truthful, accurate and complete. No information likely to effect this claim has been withheld. I/we understand that this claim may be refused in whole if the information is untrue, inaccurate or concealed.

Signatures **Owner** **Operator**

Date / /