



Heavy Machinery Claim Form

Policy No:

(If known)

All questions on this form must be clearly and fully answered, otherwise the processing of this claim may be delayed until the required information is supplied. If any question does not apply to the circumstances of your claim it must be marked "NOT APPLICABLE".

The Insured

Full Name	<input type="text" value="(Company Name)"/>		
Insured Contact Person	<input type="text"/>		
Correspondence Address	<input type="text"/>		
Occupation	<input type="text"/>	Phone (Private) <input type="text"/>	(Business) <input type="text"/>

The Accident

Exact Time AM / PM Date / / Loss Address/Location

What Happened?

The Insured Machine

Year Make & Model

Reg No. / Serial COF Expires / /

Has the machine been modified in any way?

Y N

If YES, give details

Is there any other insurance on the machine or its accessories

Y N

If YES, give details

Finance Company

Y N

If YES, give details



Lloyd's is a member of the Insurance Council of NZ and its New Zealand coverholders adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers.

The Operator

Full Name Date of Birth / /

Address

Relationship to Insured Self Employee Contractor Other Please State

Occupation Phone (Private) (Business)

Give details of damage to insured machine

Where can the machine be inspected?

Has an estimate for the costs of repairs been obtained?

Y N

If YES, give amount

\$

If YES, from whom?

Did the police attend the accident?

Y N

OR were the police advised of the accident

Y N

If YES, name or number of officer?

Based where?

Had the driver consumed any intoxicating liquor or taken any drug within 12 hours of the accident?

Y N

What quantity?

Over what period?

Operating Conditions

Weather

Fine Bright Sun Light Rain Heavy Rain Overcast Fog

Other

Surfaces

Sealed Slippery Metal Clay Good

Visibility at scene of accident

None Poor Good Excellent

What were your actions immediately prior to the accident?



Other Parties

No liability should be admitted by you or any offer made to compensate for damage. All communications received must be forwarded to us immediately.

Do you consider the accident to be the fault of any person other than yourself?

 Y N

If YES, why?

Did any other party admit liability?

 Y N

If YES, give details

Has a claim been made against you?

 Y N

If YES, give details

Details of the owner of the other property

Name Phone
 Address

Details of the operator of the other property

Name Phone
 Address

Details of the other property

Make & Model Reg. No.

Insurer of the other property

Company Branch

Details of damage to the other property

Estimate of cost to repair other property \$



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Independent Witnesses

Name	Addresses

Declaration

I/We hereby declare that the foregoing particulars are true to the best of my/our knowledge and belief and

I/We undertake to assist the Company to the full dealing with the matter and undertake to supply such additional information as may be required by the Company.

I/We intend to claim indemnity under my/our policy in respect of this accident and authorise repairs to be commenced.

I/We agree that any instructions given by the Company for the repair of the vehicle will be taken as being given on my/our behalf.

I/We understand that:

- The personal information provided in this claim form is being collected by TLC Insurance Ltd to enable it to evaluate my/our claim.
- I/We am/are required to co-operate with TLC Insurance Ltd and provide this information and if I/We do not, TLC Insurance Ltd may decline my/our claim.
- I/We have certain rights of access to and correction of the personal information provided by me/us on this claim form or in support of this claim, but if I/We do provide any incorrect information, TLC Insurance Ltd may be entitled to decline the claim whether or not it is later corrected.
- I/We authorise TLC Insurance Ltd to obtain personal information about me/us from any other party and to release that information to other parties if requested.

Signature
of Insured

Signature
of Operator

Date

PLEASE NOTE:

1. It is essential that this form be returned with all questions fully answered at the earliest opportunity.
2. Do not reply to any communication received from a third party but forward such communication to us.
3. The Company's acceptance of this form duly completed must not be taken as an admission of liability.
4. THE MAKING OF FALSE REPRESENTATION WITH A VIEW TO OBTAINING BENEFIT UNDER AN INSURANCE POLICY CONSTITUTES AN OFFENCE UNDER THE CRIMES ACT OF 1981. EVERY PERSON WHO COMMITS SUCH AN OFFENCE IS LIABLE TO IMPRISONMENT FOR A TERM NOT EXCEEDING SEVEN YEARS.

I / We declare that where this Claim Form is completed in electronic form and submitted without a hand-written signature, the inclusion of a name in the signature panel shall be sufficient to acknowledge acceptance of these matters and shall be treated as the signature of the person named in the signature panel as the Insured, or the insured's duly authorised representative.



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