

ISP - Claim Form

UANZ

Underwriting Agencies of New Zealand Limited (UAA) - Suite 2, 506 South Titirangi Road, Titirangi, Auckland, 0642

Important notice

The issue of this form does not constitute any admission of liability on the part of the insurer.

Please read the claim form fully prior to answering the questions.

ALL questions must be answered as fully as possible using any additional sheets if necessary and copies of relevant documentation should be attached.

If You have any questions in relation to the completion of the claim form, please contact your insurance broker.

Please send the completed claim form, as soon as possible, to your Insurance intermediary or to:

New Zealand Claims- nzclaims@uaa.co.nz

A. Type of claim - please indicate (X) type of claim/s being reported

SECTION 1 - Damage		SECTION 2 - Hired in Plant (Liability to Owner)	
SECTION 3 - Additional Benefits		SECTION 4 - Financial Protection	
SECTION 5 - Breakdown		SECTION 6 - Road Risk	
SECTION 7 - Liability			

B. Details of insured

1. Policy number

	Claim number, if known	
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2. Name(s) of insured(s)

3. Are you registered for GST purposes?

Yes No

ZBN			
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4. Insured's address and contact details

		Postcode	
Insured contact person			
Telephone number		Mobile number	
E-mail address			

C. Insured machine/vehicle

5. Make & model

Year

6. Registration number

Engine number

7. Serial number

Gross Vehicle Mass

8. Registered owner of machine/vehicle

9. What is the extent of damage to your machine/vehicle?

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10. Where can it be inspected?

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11. Was your machine/vehicle towed? Yes No
 If 'Yes', by whom:
12. Can the machine/vehicle be driven safely? Yes No
13. Was the machine/vehicle hired at the time? Yes No
 If 'Yes' wet or dry hire (wet with your operator, dry without your own operator) Wet Dry

14. Who hired the machine/vehicle?

15. Their address

	Postcode	
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16. Were conditions of hire agreed upon prior to the job? Yes No
 (Please attach a copy of the conditions of hire to this claim form)
17. Is the damaged machine/vehicle under any finance? Yes No
 If 'Yes', please provide name of the financier

Contract number

Financier's postal address

18. Describe the task being performed by the machine/vehicle at the time of the incident

19. Have you obtained any repair quotations? Yes No
 (If 'Yes', please attach to this claim form)

D. Details of driver/operator

20. Name of driver/operator

21. Their address

	Postcode	
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Phone number		Date of birth	/	/	
Licence no		Expiry date	/	/	Years licenced years
Operator's ticket details					Years licenced years
Operator's experience with this type of machine	<input style="width: 100%;" type="text"/>				

22. Was the operator an employee of the insured? Yes No
 If 'No', please state relationship

23. 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? Yes No

If 'Yes', please provide details

24. Did the operator consume any intoxicating liquor or take any drugs during the twelve (12) hours prior to the incident? Yes No
 If 'Yes', please provide details

D. Details of driver/operator

25. Did the operator undergo a test (blood, breath etc.) for alcohol and/or drugs?

Yes No

If 'Yes', please provide the results

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E. Incident/claim details

26. Date of incident

/ /

27. Time of Incident (am/pm):

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28. Location of Incident

Suburb	Postcode

29. How did the incident occur? (Please provide a precise description)

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30. What was the condition of the road/site at the time of incident?

Wet Dry Loose

31. What speed was the machine/vehicle doing at the time of the incident?

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32. Estimated speed of the other party at the time of the incident (if applicable)

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33. Who do you consider at fault?

Yourself Other party

If 'Other party', please state why

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34. Were there any witnesses?

Yes No

If 'Yes', please provide details

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35. Was the incident reported to the Police?

Yes No

Name of officer	Police Event Number
Police station or authority	Date reported / /
Name of person who reported the matter to authorities	

Did the Police state who was responsible?

Yes No

If 'Yes', please provide details

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F. Other parties, if applicable

36. Name of driver

Age years

Their address

	Postcode	
Licence no	Rego no	Type of vehicle

37. Name of owner

Owners address	
	Postcode
Phone number	
Their insurance company	Policy number

F. Other parties, if applicable

38. Did this vehicle/machine have to be towed away from the incident scene? Yes No

39. Was there more than one (1) other party involved? Yes No

If 'Yes', please provide details

G. Legend

40. Please draw a sketch of the incident/site location. Indicate centre of roadway, direction and locations of vehicles and location of traffic.

INDEX: Indicate Insured's vehicle (A), Other Party's vehicle (B), (C), (D) etc.

(Please name Third Party)

H. Declaration

I/We declare that:

(a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect UANZ consideration of the claim.

(b) I/We understand that UANZ requires this information (which will be retained by UANZ) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.

(c) UANZ is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise UANZ to obtain, from any other party, information that is, in UANZ's view, relevant to this claim.

I. Important

1. Own Damage - No repairs or alterations to the damaged machine/vehicle should be made until approved by Underwriting Agencies of New Zealand Limited (UAA) NZBN: 9429040999678/ QBE Insurance (Australia) Limited ABN 78 003 191 035 - Incorporated in Australia
2. Claims by other parties - No liability of any sort shall be incurred or admitted nor any offer or promise of payment made directly or indirectly by the Insured.

Operator Signature

Name Position

Signature Date

*** ENSURE YOU ATTACH COPY OF DRIVERS LICENCE (FRONT & BACK) WHEN SUBMITTING THIS CLAIM FORM**

Business Management

Name Position

Signature Date