YellowCover
Powered by nti

Mobile Plant and Motor Vehicle
Claim Form

Client No. | Policy No. | Expiry Date | Intermediary

Privacy Information

To ensure We are able to consider Your application for insurance cover, administer Your policy or manage any claim that may arise under Your policy, We need to collect important information. Information you provide in this questionnaire will be confidential and will be treated in accordance with the NTI Privacy Policy available at **www.nti.com.au**.

What Happens Now?

- Please complete this Claim Form and contact your broker / agent or nearest NTI branch. Branch details are available at www.nti.com.au.

OR

- Contact NTI Accident Assist on 1800 684 669 to make a claim over the phone.

What Can You Expect?

- As soon as Your Claim has been reported to Us, We will contact you as soon as possible to obtain further information and assess Your claim.
- One of NTI's qualified assessors will keep you informed on how your vehicle repairs are progressing.
- A fully trained and experienced claims handler will be appointed to manage your claim.

Is Someone Making This Claim Against You?

- Please complete this Claim Form and return it to your nearest NTI branch together with all the correspondence received from the other party.

OR

- Contact your nearest NTI branch for advice.

What About My Excess?

(Please note: ALL CLAIMS SUBMITTED REQUIRE EXCESS PAYMENT REGARDLESS OF FAULT)

- On completion of Your repairs, You are required to pay the repairer the amount of Your excess together with any repair contributions.
- If it is determined by NTI that the accident was not your fault, NTI will try to recover your insurance excess from the other party. Naturally, NTI cannot guarantee that this action will be successful.

Note:

- The issue of this Claim Form is not an admission of liability on Our part.
- All questions must be fully answered in either black or blue pen, or typed.
- Please print clearly and tick boxes appropriately to indicate **'Yes'** or **'No'** answers.
- Please continue on a separate sheet of paper if necessary.

The Insured (To Be Completed By The Insured)

Name(s) of insured in full:

Address: Postcode:

Phone number: Mobile:

Particulars of your Insured Property involved in Accident

Year: Make: Model: Body Type:

Engine Hours / KM: Vehicle ID (VIN/Chassis/ Serial Number): Engine no.:

Registration no.:

Capacity/Tonnage: Date purchased: Sum Insured/MV: CTP insurer:

Name of vehicle owner:

Was the item on hire at the time of loss. **Yes** **No**

Were conditions of Hire in place **Yes** **No**
(Please provide details of hire arrangements and attach a copy of the current of Hire agreement.)

Particulars of other insured items if involved

Year: Make: Model: Body Type:

Engine Hours / KM: Vehicle ID (VIN/Chassis/ Serial Number): Engine no.:

Registration no.:

Capacity/Tonnage: Date purchased: Sum Insured/MV: CTP insurer:

Name of Third party Owner:

Was the item on hire at the time of loss. **Yes** **No**

Were conditions of Hire in place **Yes** **No**
(Please provide details of hire arrangements and attach a copy of the current of Hire agreement.)

Operator or Person in charge of Insured Item

Surname: Given name(s):

Address: Postcode:

Phone number: Mobile:

Date of birth: Age: Driver's licence no.: Class:

State of issue: Expiry date:

How long Has the operator been Licensed/Ticketed to operate this class of Machinery/Vehicle:

A PHOTOCOPY OF BOTH SIDES OF LICENCE AND LOG BOOK (WHERE APPLICABLE) MUST BE ATTACHED.

Was the item being Operated with the Insured Consent: **Yes** **No**

If **no**, please provide details:

Section continued on next page

Operator or Person in charge of Insured Item – Continued

Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours preceding the accident? **Yes** **No**

Did the operator or person in control of the vehicle undergo a breathalyser / blood test / urine or oral fluid test / drug impairment assessment?

Yes **No** Breathalyser: **Yes** **No** Blood test: **Yes** **No** Urine / oral fluid: **Yes** **No**

Drug impairment assessment: **Yes** **No**

If **yes**, the result(s):

Details of Accident (to Read Completed by the Operator)

Date and time of accident / theft: Time:

Exact location where accident / theft occurred:

Was the Item being used as a tool of Trade at the time of Loss?

Describe in detail the events leading up to and inclding the accident:

Is there any Dash Cam / CCTV footage available available: **Yes** **No**

Did the item have any security devices installed:

Road/Site conditions:

In the Operators opinion who was responsible for the accident and why?

Has any claim been made against you? **Yes** **No**

If **yes**, please provide details:

Date and time accident / theft reported to police: Date: Time:

Did police attend the accident scene? **Yes** **No**

Name and station of police officer who took police event number:

Is police action pending? **Yes** **No**

If **yes**, against whom?

Name, address and phone number of any independent witness(es):

Name: your relationship to witness:

Address: Phone:

Name and address of person(s) injured in the accident:

Name:

Address: Phone:

Damage to your Insured Item

Have any temporary repairs been undertaken?

Give brief details of loss or damage to your of your Insured Item :

Has a repair quotation been obtained? If **yes**, please attach. **Yes** **No** **Amount: $**

Where can the Insured item be inspected?

Was your insured Item being towed at the time of loss? **Yes** **No**

If **yes**, by whom?

Other Person(S) Involved in This Incident

Name, address and phone number of owner of vehicle or property: (If vehicle, please provide make, model and registration no. including state where registered): (If more than one vehicle, please supply details on a separate page).

Name:

Address: Phone:

Make: Model: Registration no.: State where registered:

Name, address and phone number of other vehicle (if not owner):

Name:

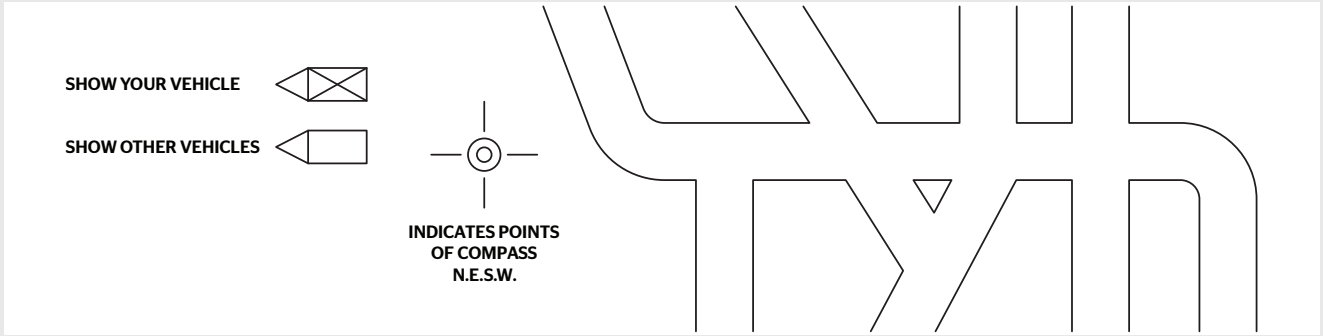
Address: Phone:

Please give description of other vehicle or property:

Please give brief details of loss or damage to other vehicle or property:

DIAGRAM OF ACCIDENT (To be completed giving street name, traffic lights, giveway signs etc.)

Please provide a Diagram/Sketch of the scene detailing the Accident.



Declaration

My answers to the questions in this Claim Form are to the best of My knowledge true and correct and believe I have not withheld any information likely to affect consideration of this claim. Where such answers are not in My own handwriting and relate to the accident details, or Me, they have been checked by Me and certified as correct.

Driver's Signature:

Date:

Insured's Signature(s):

Date: