



AC and E Engineering Underwriting Managers (Pty) Ltd - Acting on behalf of New National Assurance Company Limited, FSP 2603 under a claims handling mandate  
7<sup>th</sup> Floor, Office Towers, Bedford Centre, Smith Street, Bedford Gardens | PO Box 752189, Gardenview, 2047  
Telephone: 011 615 7529 | Facsimile: 011 615 9360 | www.engineeringace.co.za

## CONTRACTORS PLANT CLAIM FORM

To enable us to resolve your claim within the shortest possible time please ensure that this form is completed in detail.

**Broker:** \_\_\_\_\_

**Policy:** \_\_\_\_\_

### 1. Details of Insured:

Insured Name: \_\_\_\_\_

Business address: \_\_\_\_\_

Insured Contact Person: \_\_\_\_\_ Cell No: \_\_\_\_\_

Telephone No: \_\_\_\_\_ E-Mail address: \_\_\_\_\_

### 2. Details of the plant

Item No. on Policy Schedule: \_\_\_\_\_

Make and Model of Vehicle: \_\_\_\_\_

VIN/Serial/Engine No.: \_\_\_\_\_

Operating hours: \_\_\_\_\_

Age of Plant or Machine: \_\_\_\_\_

Was the plant hired in? \_\_\_\_\_

Does any other party have interest in the insured property e.g. credit agreement: \_\_\_\_\_

If yes, please supply full details of the party: \_\_\_\_\_

**3. Details of Loss/Damage:**

Date and time of loss/damage: \_\_\_\_\_

Detailed description of how the loss occurred:

\_\_\_\_\_  
\_\_\_\_\_

**\* Please attach colour photographs to demonstrate what happened**

If loss was caused by another party, please give their full names and address:

\_\_\_\_\_  
\_\_\_\_\_

Is there any other insurance covering this loss/damage: \_\_\_\_\_

If yes, please supply full details of the Insurer concerned: \_\_\_\_\_

**Please supply us with a copy of the Operator's certificate of Competence.**

**\*In the event of theft/malicious damaged, please supply us with the following details:**

Full copy of the police report to be submitted.

Police station to which the incident was reported: \_\_\_\_\_

Date reported: \_\_\_\_\_

Police Case Number: \_\_\_\_\_

**4. Declaration**

I / We warrant that the foregoing information provided is true and correct, and that no information has been withheld in respect of the loss / damage. I / We undertake to advise AC & E Underwriting Managers in writing in the event of any changes to supplied information, and in the event of the recovery of any part of the property forming the subject of this claim.

Full Name: \_\_\_\_\_ Capacity: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_