



PLANT ALL RISKS CLAIM FORM

Insured Name:

Policy Number:

Contact Details of Person (for assessment) Name:

Tel: Location:

Detailed Description of how loss occurred:

Item Number on Policy Schedule:

Details of Item - Serial Number - Registration number:

Did Loss occur on Public or on Site Road:

Travelling by its own power or on lowbed? (Provide details of company used to Transport Item):

Date of the loss / incident:

Estimate of the Loss or Damage: R Towing / Recovery costs: R

Plant - Owned or Hired:

Name of Operator:

Operator Certificate Obtained from (Provide copy):

Was Third party Involved?

TP Vehicle details:

Contact Details:

I HEREBY DECLARE that all particulars and answers in this proposal and appendices are true and complete in every respect, and that no material fact has been suppressed or withheld. I further declare that if such statements and particulars are in the writing of any person other than myself, such person shall be deemed to have been my Agent for the purpose of this Proposal, and I agree that this declaration and the details given shall be the basis of the contract between me and the Company. I further agree to accept a policy subject to the usual conditions prescribed by the Company and endorsed on their policy, and to pay the premium thereunder. I undertake to exercise all ordinary and reasonable precautions for the safety of the property.

Signature

Signed at:

Date:

Designation: