

Contractors Plant Claim Form

This file is a fillable electronic pdf form. Please complete all questions – if any question is not applicable please state “N/A”.

Insured Details

Certificate Number Claim Number (if known)

Name of Insured

If a subsidiary of the policyholder please provide company name

Full Address

Street

City County

Country Postcode

Email Tel Fax

Contact Name Contact Reference

Nature of Trade or Business

VAT Details

Are you registered for VAT purposes (ie are you accountable to the tax authorities in respect of Value Added Tax)? Yes No

If Yes, please give VAT registration number

VAT status a) positive rate b) partially exempt state% % c) wholly exempt d) zero rate

If no VAT is recoverable, please state reason

Details of Incident

When did the incident occur? / / Time

Situation or address where incident occurred

Street

City County

Country Postcode

Please describe the cause, nature and extent of damage.

If loss/damage caused by a third party, give details and state whether they have been held responsible in writing and provide copies of all correspondence

Please provide details of any correspondence with a Third Party. Attach copies of written correspondence if applicable.

Details of witnesses (*attach statement if possible*)

Employees

Name	<input type="text"/>	Capacity	<input type="text"/>
Name	<input type="text"/>	Capacity	<input type="text"/>
Name	<input type="text"/>	Capacity	<input type="text"/>

Others

Names

Which persons were actively involved in the operation at the time of loss and in what capacity (*eg driver, operator, supervisor*)?

Have any measures been taken to prevent a recurrence of the loss/damage? Yes No

If Yes, please give details

Where can the damaged property and/or parts be inspected?

Insurer's Name

Street

City County

Country Postcode

Telephone Number

Are repairs in hand? Yes No

If Yes, by whom (*name and address*)

Please provide a sketch of the incident where appropriate – either scan and add as an attachment or send to the address shown on the claim form.

Item Details

Description of property (*please continue on separate sheet if necessary*)

Item & Model	Serial Number	Date of Manufacture	Date of Purchase	CESAR Registered (Yes/No)	New Replacement Value	Market Value	Amount Claimed
		dd/mm/yyyy	dd/mm/yyyy	Y <input type="radio"/> N <input type="radio"/>			
		dd/mm/yyyy	dd/mm/yyyy	Y <input type="radio"/> N <input type="radio"/>			
		dd/mm/yyyy	dd/mm/yyyy	Y <input type="radio"/> N <input type="radio"/>			
		dd/mm/yyyy	dd/mm/yyyy	Y <input type="radio"/> N <input type="radio"/>			
		dd/mm/yyyy	dd/mm/yyyy	Y <input type="radio"/> N <input type="radio"/>			
		dd/mm/yyyy	dd/mm/yyyy	Y <input type="radio"/> N <input type="radio"/>			

Is there any salvage value on any items? Yes No

Is there any outstanding finance on the item? Yes No

If Yes, please give details

If this item is CESAR registered please provide registration details

Ownership of Items

Was property

a) owned or lease by you **b)** hired in **c)** contract works **d)** third party property

If so, was it in your custody and control? Yes No

Hired in Plant

Please confirm terms of hire and attach copy of hire conditions, contracts and all correspondence with owner

If hired to you, give owner's name and address

Name

Address

Street

City

County

Country

Postcode

Telephone number

Were conditions brought to your notice prior to the commencement of hire? Yes No

Have owners indicated intention to hold you responsible for **a)** loss **b)** continuing hire charges

If the property is owned by a third party do you authorise us to deal direct with the third party on your behalf? Yes No

Plant Hired Out by You

Please supply copies of appropriate hire conditions, contracts, and attach copies of all correspondence with the Hirer

If not used by you, who was it on hire to?

Who was it in the possession of?

For what purpose?

For Claims Involving Theft or Malicious Damage

For theft claims please supply

- 1 original purchase invoices
- 2 copies of estimates/replacement quotations
- 3 if hired in plant, substantiation of loss from owner

Have police been notified? Yes No

Police station notified (address)

Street

City County

Country Postcode

Date reported / / Crime Reference

Officer's Name Telephone Number

Other Information

Details of any other insurance under which you may be entitled to recover for this loss/damage

Insurer's name Policy Number

Address

Street

City County

Country Postcode

Telephone number

In respect of risks covered by this insurance, has any loss, damage or liability arisen (whether insured or not) during the last three years?

This includes where your business is carried out at your present or previous address. It also includes where business has been carried out under different trading names or under circumstances in which directors/partnerships have been held. Yes No

If Yes, please give details

Data Protection

In order to administer your claim, this information will be used by Royal and Sun Alliance Insurance plc and its group companies and Aon UK Limited. It may be held on computer and/or in manual files for administration and risk assessment purposes. We may disclose your personal data and sensitive data to reinsurers, the policyholder and the AuMine Claims Database, and may request information from other insurance companies for underwriting, claims handling and fraud prevention purposes.

By returning this form, you consent to our processing your sensitive personal data for the above purposes. You also consent to our transferring your information to countries (which do not provide the same level of data protection as the UK) if necessary for the above purposes. If we do make such a transfer we will, if appropriate, put a contract in place to ensure your information is protected.

Where you have provided information about another person, you confirm they have appointed you to act for them, to consent to the processing of their personal data, including sensitive data, to the transfer of their information abroad and to receive on their behalf any data protection notices.

Conflicts of Interest

Please note: Aon Underwriting Managers is a Managing General Agent which is part of Aon UK Limited and is authorised by the Insurer to handle claims under the Aon Contractors Plant scheme and will do so under the terms and conditions of the policy. Aon Underwriting Managers are therefore acting for the insurer. Any objection to this arrangement should be raised when first reporting the claim.

Declaration

By signing/inputting my name below and submitting this form I consent to the above data protection disclosure and I declare that all information given is to the best of my knowledge and belief, full, true, accurate and correct. **Please print and sign.**

Print Name

Signed

Date

 / /

Position within organisation

The issue of this form is not admission of liability on the part of the company.

Payee Advices

All claims payments will be issued and payable to the policyholder.

Bank Details

Bank name Sort Code Swift Code

IBAN Code

Bank Address

Account Name

Account Number

Please Ensure

- 1 You have completed ALL relevant questions on the claim form.
- 2 You have enclosed all requested information/documentation.
- 3 You have signed this claim form.

Failure to do so will result in a delay in handling your claim.

Thank you for completing this form.

IMPORTANT

Please print and sign this form and return to:

Aon Underwriting Managers | Claims
Grosvenor House
65–71 London Rd
Redhill
Surrey
RH1 1LQ

t +44 (0)1737 783 740 | f +44 (0)1737 783 741

Or scan and email to: **aum.claims@aon.co.uk**

