



Established 1993

## OPTION SHORT TERM INSURANCE BROKERS (PTY) LTD

INSURANCE BROKERS & GROUP SCHEME ADMINISTRATORS

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Registration No. 1993/06939/07 ▲ FSP Licence No. 8265 ▲ Vat No. 4210141406

## PLANT ALL RISKS

### Guide for completion

#### Please complete all sections of this form and note the following:

- The completion of this form does not constitute acceptance of liability by the Insurer
- The Claim Advice Form is required to be returned immediately

#### The following documentation is required to proceed with the claim:

##### Material Damage

- A formulated claim which includes quotations/invoices pertaining to the claim
- Photographs of the damages
- Preserve all damaged parts and or evidence and make them available for inspection
- In the case where the plant has been hired out/in, please provide us with the hire contract as well as the signed trading terms & conditions and all related documentation
- In the case of theft the original purchase invoice/ proof of ownership must be provided
- Settlement letter from the Finance House

##### Windscreen claims

- Quotation/invoices
- Photographs of the damages

##### Road Liability

- Our insured's stance regarding liability
- Driver's licence
- Vehicle registration documentation in the event of a total loss
- Eyewitness statements
- All third-party correspondence to be directed/forwarded to us
- Contact details of the third party if our insured has already been approached

##### Contractors plant Liability

- Our insured's stance regarding liability
- Details of which contract they are busy with or on which contract site they are working including the applicable contract documentation and/or hire contract and/or statement
- Contact details of the third party if our insured has already been approached
- Eyewitness statements
- All third-party correspondence to be directed/forwarded to us

**Note: Quotation/invoice to contain the item description, registration number, serial number, VIN number or engine number**

**Depending on the information we receive, additional information may be required.**

**CLAIM ADVICE FORM - PLANT ALL RISKS**

**Please complete in full and return immediately**

POLICY NUMBER: \_\_\_\_\_ INSURED:

\_\_\_\_\_

BROKERAGE: \_\_\_\_\_

INSURED CONTACT NAME & NUMBERS: Phone / E -mail/ Cell Phone:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

SITE PHYSICAL ADDRESS:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ITEM NUMBER OF PLANT ON THE POLICY SCHEDULE:

\_\_\_\_\_

\_\_\_\_\_

MAKE / MODEL / SERIAL NUMBER/YEAR/HOURS COMPLETED:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

DATE & TIME OF LOSS / DAMAGE:

\_\_\_\_\_

\_\_\_\_\_

WHERE DID LOSS OCCUR (ON SITE/PUBLIC ROAD/OR BEING TRANSPORTED):

\_\_\_\_\_

\_\_\_\_\_

DETAILS OF LOSS / DAMAGE (including digital photographs, if available):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OPERATORS NAME AND CONTACT NUMBER (ATTACH COPY OF CERTIFICATE):

\_\_\_\_\_

NAME AND CONTACT NUMBER OF THIRD PARTY RESPONSIBLE FOR CAUSING DAMAGE:

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ESTIMATED COST OF REPAIR:

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WAS THE PLANT ITEM ON HIRE AT THE TIME OF THE LOSS: **YES / NO** (If yes, attach copies of the hire documentation):

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POLICE STATION & REFERENCE:

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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 Mirabilis Engineering Underwriters (Pty) Ltd 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.

Insured Signature: \_\_\_\_\_

Capacity: \_\_\_\_\_

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