

**MACHINERY BREAKDOWN / FUSION
CLAIM FORM**

FOR DOMESTIC OR COMMERCIAL LOSSES

The Issue of this Form is not an Admission of Liability by Insurers

Policy # :

Claim # :

Please complete and return this claim form as soon as possible, so that your claim will receive prompt consideration by the Insurers.

THE INSURED

Surname _____ Other Names _____ Mr Mrs
Ms Miss

Address _____
Post Code _____

Occupation _____

Phone Private _____ Business _____

Fax No. _____ Mobile _____

Email _____ Contact Name _____

Are you registered for GST?

No Yes ➤ What is your ABN?

Have you claimed an input tax credit on the GST amount applicable to this policy?

No Yes ➤ Is the amount claimed less than 100% No Yes ➤ Specify amount

Of the GST applicable to the premium? claimed: %

Are you entitled to claim an input tax credit for the repairs or replacement of the vehicle?

No Yes ➤ Is the amount claimable No Yes ➤ Specify amount

less than 100% claimed: %

REPAIR REPORT

Make of Motor _____ hp _____ Serial No _____

Voltage _____ RMP _____ Open or sealed _____ Age _____

Details of damage

Cause of damage

Repair Costs Windings \$ _____
 Compressor \$ _____
 Other Repairs \$ _____

PLEASE ATTACH ACTUAL REPAIR ACCOUNT

*Please show the input Tax Credit you are entitled to claim on the purchase of each item as a percentage of the total GST payable

Description of Goods	Quantity	Cost	Amount Claimed	*Input Tax Credit %
			\$	

It is important to note that the company may not be liable for:

- Depreciation, loss of use, wear and tear, hire of loan motors.
- Replacement of worn and/or broken bearings or switchgear or other mechanical damage.
- Flushing or recharging refrigerant.
- Destruction or damage to: lighting or heating elements, fuses or protective devices, an electrical contact at which sparking or arcing occurs in ordinary working.
- Rectifier, radio, television, amplifying or electrical equipment of any description.

(If spoilage of frozen goods is insured)

Did spoilage of frozen goods occur? No Yes

What type of goods _____
(Please attach invoices)

Where are the goods now? _____

What was the value of the goods \$ _____

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature _____ Date _____