

### Machinery Breakdown / Fusion Insurance Claim

Name of insured

Address

Postcode

Email

Occupation

Date of Birth

Business Phone

Mobile

Policy No.

Date of Loss

Time of Loss

Am

Pm

What is your Australian Business Number (ABN)?

Are you registered for GST?

Yes

No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?

%

Where did the loss occur?

Date of loss

Describe as fully as possible how loss occurred

Do you consider any other party responsible for the loss?  
If Yes, please state why. Yes      No

Are you the sole owner of the property lost or damaged?  
If No, give details of other owners or part owners. Yes      No

Do you hold any other insurances under which a claim  
for this loss may be lodged?  
If Yes, please give details. Yes      No

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of purchase Price \$

Is the motor under manufactures warranty?  
If Yes, has a claim been made under the warranty? Yes      No

### **Electrical Repairers Report**

Make of Motor		Hp	Serial No.
Voltage	RPM	Open or sealed	Age
Details of Damage			

## Cause of Damage

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

Please attach actual repair account

Description of Goods	Quantity	Cost	Amount Claimed	*Input Tax Credit %
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Repairs having been completed to my satisfaction I hereby claim the amount of \$

\*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.

### EFT DETAILS

In the event the claim is successful and the Insurer can settle via ETF please provide the below details

Account name

BSB

Account number

### 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.

### Internal Dispute Resolution (IDR) Statement

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 (must be completed)

1. 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 have not 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.
2. 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 of 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.
3. 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.
4. 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.

Date:

Signature: