

MACHINERY BREAKDOWN / FUSION CLAIM FORM

IMPORTANT NOTE

THIS FORM MUST BE COMPLETED BY THE POLICYHOLDER

(If there is not enough room on this form for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete).

Thank you for providing us with the notification of your claim. The claim form is attached. Can you please read the following details before completing this form. Please feel free to contact us should you require any assistance

- 1) Please complete and return the attached form to our office. Attach all relevant original quotations, invoices, valuations and receipt of purchases (obtained for the repair/replacement of damaged property). Please also attach any letters of demand or other correspondence that you may receive/have received from a Third Party. Do not attach photocopies
- 2) For claims involving loss/damage to your own property the appropriate authorities, i.e. Fire Brigade/Police, should be notified and every reasonable effort made to prevent further loss/damage. Damaged property, if any, should not be disposed of without permission of the Insurer or Assessor
- 3) An assessor could be appointed and you will be advised if this action is taken
 - Keep in contact with the assessor so the report can be provided to Insurers on time
 - If there is any matter not receiving prompt attention you should call us immediately
- 4) Please keep all supporting documentation for your claim for presentation to the Insurer or Assessor, such as original invoices, receipts, owners manual, photos, etc Quotes from retailers or trade suppliers to replace/repair, itemising the precise nature of their quotation, eg size, type, model, age, hours and cost of labour, cost of parts
- 5) Where personal injury/property damage to third parties is involved, offer assistance but **DO NOT ADMIT** liability. Advise the party involved to give written details of their claim against you for passing on to your Insure.
- 6) Please refer to the claim form for more instructions for the management of your claim

YOUR PRIVACY

The Privacy Act 1988 requires us to make the following disclosure before collecting personal information about you:

- We collect personal information in order to provide our broking services including assistance with insurance claims. We will ask you to supply personal information on this form so we can assist you to submit your insurance claim and have it considered by the insurer. We will disclose this information to the insurer for this purpose.
- If the personal information is not provided, the insurer may not be able to assess and pay the claim and we may not be able to assist with your claim.
- We and the insurer may disclose the personal information to other people involved in reviewing the claim, including reinsurers, other insurance intermediaries, the insurer's advisors such as loss adjusters, lawyers and accountants, and other parties involved in the claims handling process.
- Your information will be disclosed to organisations overseas if your policy is underwritten by an overseas insurer. If your insurer is overseas, information about where the insurer is located is set out below:

Further information about how to access the personal information we hold about, have it updated or corrected or how to make a complaint about how your personal information is in our Privacy Policy on our website: <http://www.pauldonnellybrokers.com.au/privacy-policy/>

CONTACT US

You can contact our Privacy Officer using the details below:

Privacy Officer – Samantha Donnelly
Paul Donnelly Insurance Brokers Pty Ltd
Mail: PO Box 97, Berowra NSW 2081
Location: Suite 1, Jubilee Towers, 107 Pacific Highway, Hornsby NSW 2077
Tel: 02 9482 7422 Fax: 02 9482 7462
Email: pdib@pauldonnellybrokers.com.au

Claim Number:

1. DETAILS OF POLICY HOLDER

Full Name(s) of Insured:

Address of Insured:

Contact Details

Mobile

Business Hours

After Hours

Email

Insurer:

Policy No:

Expiry Date:

Occupation or Trade:

2. DETAILS OF LOSS &/OR DAMAGE

When did the Loss & / or Damage Occurred :

/ /

Time of Loss & /or Damage:

am/pm

Address where Loss & / or Damage Occurred

Please provide Full Details of the Loss & /or Damage

3. THE APPLIANCE OR MOTOR

Type of Appliance (Motor) :			
Maker's Name and Model:			
Serial Number :		KW:	
Voltage:		RPM:	Open Sealed:
Appliance purchased from:			
Date purchased :		Purchase Price : \$	Replacement Price : \$
Age of Unit:		Age of Motor:	
Has the Motor Fused Previously ?	<input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the Motor Under Manufacturers Warranty ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If, yes please give details</i>		
Where can the motor be Inspected?			
Have you paid the Repairer account	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If, yes please give details</i>		
Repairer's Name		Amount	\$

Is is IMPORTANT to noted that the Company may not be liable for :	
•	Depreciation, loss of use, wear and tear, hire of loan motors
•	Replacement of work &/or broken bearings or switchgear or other mechanical damage
•	Flushing or recharging refrigerant
•	Destruction or damage to: Lightning 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 REQUIRED

Did Spoilage of Frozen Goods Occur ?	<input type="checkbox"/> YES <input type="checkbox"/> NO <i>If, yes please give details</i>
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What type of Goods ? <i>(please attach invoices)</i>	
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Where are the goods now ?	
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What was the Value of the Goods ?	\$
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To avoid unnecessary delays in processing your claim, it is important that you attach documentation to support

•	Ownership of All Property Claimed ie Original Invoices, Owners Manuals, Photos, Receipts etc
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•	The Repair &/or Replacement of your Items ie Original Invoices, Receipts etc by Trade Suppliers / Repairers which itemise the precise nature of their quotation or work undertaken eg size, model, type, age, hours of work, cost of labour, parts etc
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3. ABN DETAILS

Are you a Registered Business? :	<input type="checkbox"/> YES <input type="checkbox"/> NO
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Please advise your Australian Business Number [ABN]:	
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What Percentage of GST in your Premium did you Claim as an Input Tax Credit for the Period of Insurance in which this Loss occurred:	%
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4. DECLARATION

I declare that the above statements are true, that I have not suppressed or mis-stated any facts. I expressly agree that the information given by me is provided with my full knowledge and consent and further agree to hold harmless and indemnify

[Company Name]

in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this proposal headed "Your Privacy".

Full Name of Claimant(s): PLEASE USE BLOCK LETTERS	
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Signature(s)		Dated :	
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Signature(s)		Dated :	
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Payment Details for Electronic Funds Transfer (EFT) of Claim Settlement Should your claim be covered by the terms and conditions of your policy with us, we require you to complete the following fields in order for us to make payment on the claim.

By supplying this information you are directing us to make any payments in this claim to the account nominated below until you notify us in writing otherwise. We collect, use and disclose your personal information in accordance with privacy legislation and our Privacy Policy.

If you wish to obtain further information about how your personal information is being handled by us, please advise us when returning this form to the email address shown below.

In order to avoid delays in payment processing, please ensure the details provided in this form are accurate

4. BANK DETAILS

Account Number :		BSB Number :	
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Account Name:		Name of Bank :	
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Email address for Payment Advice Notification : This is the address we will email when payment has been made	
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