

Machinery Breakdown/Fusion Insurance Claim Form

Please complete this form in full and return it our office.

Please attach all supporting documentation, such as repair quotations/invoices

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.

Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

Contact us

You can contact our Privacy Officer using the details below:

Privacy Officer

Suite 21 Level 2 8 Hill Street
Surry Hills NSW 2010
PO Box 103
Darlinghurst NSW 1300

Phone 02 9328 3322

Facsimile 02 9328 3323

team@logicalinsurance.com.au

Claim Number

Section 1. Details of the Policyholder

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Name of insured Address Post Code Email Address Mobile Work Phone Home Phone Fax Number Policy Number Expiry Date 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? %Your Occupation/Bus/Industry/Trade Name any other interested party How interested Address Post code Is there any other Insurance in force which would cover this in whole or part Yes No If **YES**, please advise in the space providedInsurer's Name Policy Details

Section 2. Details of loss

Where did the loss occur?

Date/Time

Describe as fully as possible how loss occurred

Do you consider any other party responsible for the loss?

Yes

No

If **YES**, please state why

Are you the sole owner of the property lost or damaged?

Yes

No

If **NO**, give details of other owners or part owners

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of purchase

Price

Is the motor under manufacturer's warranty?

Yes

No

If **YES**, has a claim been made under the warranty?

Section 3. Electrical Repairers 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

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

Repairs having been completed to my satisfaction I hereby claim the amount of \$

Declaration and Authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/we understand the claim may be refused if information is not true or is withheld.

I/We authorize insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers 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 claims form headed "Your Privacy".

Date: _____

Signature of the insured: _____