



---

**CLAIM FORM**  
**Electronic Equipment**

---

Assetinsure Pty Ltd  
ABN 65 066 463 803  
44 Pitt Street Sydney NSW 2000

PO Box R299  
Sydney NSW 1225  
Australia

T (02) 9251 8055  
F (02) 9251 8061  
[www.assetinsure.com.au](http://www.assetinsure.com.au)

## CLAIM FORM – Electronic Equipment

---

This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

### IMPORTANT NOTICE

Please read the Claim Form fully before answering the questions.

Please answer all questions relating to your claim as fully as possible. **Use additional sheets** if there is insufficient space on this Form.

We may contact you for additional information or appoint a loss adjuster or investigator.

Please retain any damaged items if possible as they may need to be inspected before settling your claim.

Please attach all quotations for repair or replacement of damaged machinery or invoices or receipts for items that have already been replaced to this Form.

**If applicable, please attached a repairers report in support of your claim**

### DETAILS OF INSURED

1. Insured's Full Name

Insured's Address

Suburb

State

Postcode

Occupation

Policy Number  
(if known)

ABN

Policy Period: From

dd/mm/yyyy

To

dd/mm/yyyy

### PERSON TO BE CONTACTED

Name

Telephone

xx xxxx xxxx or xxxx xxx xxx

Fax

xx xxxx xxxx or xxxx xxx xxx

Email Address

2. Are you registered for GST purposes? . . . . . Yes / No

3. Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium? . . . . . Yes / No

Please specify your percentage entitlement. %


# CLAIM FORM – 9`YWfcb]W9ei ]da Ybh

---

## A. EQUIPMENT DETAILS

- 1 Make  Type  Model
- 2 Serial Number  HP / KW  Year of Manufacture
- 3 Purchase date  dd/mm/yyyy  New  Second hand  Age of item
- 4 Description of damaged equipment
- 5 What is the location of the damaged equipment?  
Address:
- Suburb  State  Postcode
- 6 Does another party have an interest in the damaged equipment? . . . . . Yes / No  
If YES, please provide details
- 7 Has the item been repaired previously for similar damage? . . . . . ~~Yes / No~~ Yes / No  
If YES, please provide details including name of repairer

## B. DETAILS OF THE INCIDENT

- 1 Date of Loss  dd/mm/yyyy Time  
- 2 Purpose of item a) Domestic?  b) Business?
- 3 How did the damage occur?
- 4 Estimate cost of damage **(Please attach a repairers report)**
- 5 Was any software lost or damaged? . . . . . Yes / No  
If YES, please provide detail

What caused the damage to the software?

Estimate replacement cost of software





## CLAIM FORM – 9`YWfcb]W9ei ]da Ybh

---

### B. HISTORY

1. Have you had any losses or previously made a claim against any insurance company in the past 5 years? . . . . Yes / No  
If YES, please provide details of nature of loss, date of loss, insurer and value.

2. Have you had any insurance or renewal of insurance refused, cancelled, or had special conditions imposed? . . . Yes / No  
If YES, please provide details

3. Have you been charged with, or convicted of, any criminal offence? . . . . . Yes / No  
If YES, please provide details.



## CLAIM FORM – 9`YWfcbjW9ei ]da Ybh

---

### ADDITIONAL INFORMATION



## CLAIM FORM – 9`YWfcbjW9ei jda Ybh

---

### Complaints - Dispute Resolution

If you do not agree with any decision we make in relation to your claim or are dissatisfied with the handling of your claim or the services of our loss adjuster or investigator, please write to us stating the nature of your complaint and the reasons why.

We will try to resolve the complaint immediately. If the complaint cannot be resolved Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

If you are not satisfied with the decision of the Internal Dispute Resolution Committee, the matter may be referred to an independent alternative dispute resolution body, the Financial Ombudsman Service (FOS), subject to eligibility.

Financial Ombudsman Service  
GPO Box 3  
Melbourne VIC 3001  
1300 78 08 08 (National Toll Free)  
Tel: (03) 9613 6300  
Fax: (03) 9613 6390

### Privacy Policy

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: [info@assetinsure.com.au](mailto:info@assetinsure.com.au) or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or at the address shown in this document.

### General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

## C. DECLARATION

On behalf of the Insured, I declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact. If you accept this statement, tick the box and complete the fields below.

Name

Date

dd/mm/yyyy