



CLAIM FORM

Fusion

Assetinsure Pty Ltd
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CLAIM FORM – FUSION

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

Complete this form for damage to motors by electric current.

Please read the Claim Form fully before answering the questions.

Please answer all questions relating to your claim as fully as possible. Please use the blank page at the end of this document if there is insufficient space for any of your answers or for any further comments.

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 do not authorise repairs yourself unless in the case of urgent emergency repairs necessary to minimise further damage.

Any repairs to your machine or motor must be performed by a contractor or repairer licensed to carry out such work.

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. %



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A. DETAILS OF THE MOTOR OR MACHINERY DAMAGED

- 1 Date of Loss Time :
dd/mm/yyyy
- 2 What is the location of the loss?
Address:

Suburb State Postcode
- 3 Unit make Unit Model
- 4 What is the function of the unit?
- 5 Is this unit Built In? Transportable?
- 6 Is the unit under warranty? Yes / No
- 7 How many kilowatts is the unit?
- 8 How old is the unit?
- 9 Has the damage been repaired? Yes / No
- 10 Is the unit a swimming pool pump? Yes / No
- 11 If YES, is the pool above ground? Yes / No
- 12 Date of last repair dd/mm/yyyy
- 13 Total amount of invoice

- THE ORIGINAL INVOICE FROM THE REPAIRER MUST BE SUBMITTED TO ASSETINSURE WITH THIS CLAIM FORM AND PRIOR TO THE PAYMENT OF THE CLAIM. IT MUST INDIVIDUALLY SPECIFY AMOUNTS INVOICED FOR PARTS, LABOUR AND SERVICE CALLS
- PLEASE PROVIDE A FULL REPORT FROM THE LICENCED CONTRACTOR OR REPAIRER WHO COMPLETED THE REPAIRS.
- THIS REPORT MUST ACCOMPANY THIS FORM.
- FAILURE TO PROVIDE THE REPORT MAY DELAY YOUR CLAIM.



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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.



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ADDITIONAL INFORMATION



CLAIM FORM – FUSION

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

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 or 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 or our own website - 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