



CLAIM FORM
Machinery Breakdown

Assetinsure Pty Ltd
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CLAIM FORM – Machinery Breakdown

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 attach 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

To

dd/mm/yyyy

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. %

A. DETAILS OF THE DAMAGED MACHINE

- 1 Make Type Model
- Serial Number HP / KW Year of Manufacture
- 2 Description of damaged machine



CLAIM FORM – Machinery Breakdown

- 3 Does another party have an interest in the damaged machine? Yes / No
If YES, please provide details
- 4 Is the damage covered by a guarantee or indemnity? Yes / No
If YES, please provide details
- 5 Does any other insurance policy exist which covers damage to the property which is the subject of this claim? Yes / No
If YES, please provide details
- 6 Was there any unrepaired damage to the property which is the subject of this claim before the damage occurred? Yes / No
If YES, please provide details

B. DETAILS OF THE INCIDENT

- 1 Date of Loss Time :
dd/mm/yy
- 2 Where is the damaged machine located?
Address:

Suburb State Postcode
- 3 How did the incident occur?
- 4 Was a quotation obtained? Yes / No
If Yes, please provide repairer details :
Name Ú@}^
xx xxxx xxxx of xxxx xxx xxx
Address
Suburb State Post&ode
Estimateá cost of damage
- 5 Have repairs commenced? Yes / No
If Yes, date commenced?
dd/mm/yy
Name of authorising person



CLAIM FORM – Machinery Breakdown

- 6 Have any temporary repairs been made? Yes / No
If YES, please describe
- 7 Is any additional work, other than the claimed damage, being conducted? Yes / No
If YES, please describe the repair work
- 8 Did spoilage of refrigerated stock or farm produce occur? Yes / No
If YES, please describe type of goods spoiled **and** attach invoices
- 9 Where are the goods now?
- 10 What was the value of the spoiled goods
- 11 Did damage to boiler or pressure vessels occur? Yes / No
If YES, how did the damage occur?
- 12 Estimated cost of the damage

C. BUSINESS INTERRUPTION

- 1 Was there any interruption to business? Yes / No
If YES, which area(s) of the business is/are affected by the stoppage?
- 2 Daily turnover (approximate)?
- 3 Are you incurring increased cost of working? Yes / No
If YES, what is the daily cost of these?
- 4 When is repair/replacement to damaged machinery estimated to be complete?
dd/mm/yy
- 5 Please provide the name and contact details of your company accountant?
Name:
Address
Suburb State Post Code
Telephone
- xx xxxx xxxx or xxxx xxx xxx



CLAIM FORM – Machinery Breakdown

8. 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



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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