

MACHINERY BREAKDOWN - FUSION - DETERIORATION OF STOCK CLAIM FORM

How to obtain a quick response to your claim

1. Make sure that you fully answer all questions
2. Attach a quotation to repair and/or the original invoice for repair to your property
3. Provide documentation to substantiate the value of the items being claimed for deterioration of stock claims
4. Make sure you have read, signed and dated the declaration

SECTION 1

Insured Details (please print)

Policy Number Due Date/...../.....

Name of Insured

Are you GST Registered? YES/NO What is your, ABN.....

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?%

Address

Occupation Company ACN No

Home Telephone No (..) Bus Telephone No (..)

Mobile Telephone No E-mail address

Loss Details

Date of Incident/...../..... Approx. Time AM/PM

Where did incident occur

Describe as fully as possible how the incident occurred:

.....

.....

.....

.....

.....

[FREEMAN McMURRICK]

A.C.N. 006 767 540 A.B.N. 50 006 767 540 AFS LICENSE 236 653

Cause of Damage:

.....

Do you consider any other party responsible for the incident?

.....

Do you have any other insurance under which a claim for this incident may be made?

YES/NO

When were the premises last occupied?

Name of Owner of the property lost/damaged:

Name of any other interested party:

Was the damage caused by person(s) other than the Insured, employees, or staff?

If so, state name and address:

Has a claim been made against the(se) person(s)? Date/...../.....

Please attach separate sheet if insufficient room on the statement of claim below

Full Description of Goods (INCLUDING /MODEL NUMBER)	Quantity	Cost (\$)	Net Amount Claimed (\$)
Total Amount Claimed			\$

SECTION 2

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase/...../..... Price \$.....

Is the motor under manufacturers warranty? Yes No

If 'YES' has a claim been made under the warranty?
.....
.....

Make of Motor hp Serial No

Voltage rmp Open or Sealed Age

Have repairs commenced? If so, date of commencement/...../.....

Was quotation obtained before authorising repairs? Written or Verbal?

Name of Repairer Phone (..)

Address of Repairer

Estimated Cost of Repairs (a) repairer \$..... (b) others \$..... (c) Total \$.....

Does repair entail express carriage or airfreighting of parts?

Is any other work, other than repairs necessitated by damage, being carried out whilst machine or property is dismantled for repair?

Are there to be, or was there, any repairs of a temporary nature carried out?

If so state nature thereof and reason therefore

Declaration – Read carefully before signing

*I/We declare that the information supplied on this claim form is true in every respect.
I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed. * I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or a required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.*

At Freeman McMurrick we take privacy very seriously. For full details of our privacy policy please refer to our website: www.freemanmcmurrick.com.au

Signed Date/...../.....

This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business

Level 50, 80 Collins Street, Melbourne 3000
Claims Fax : 03 9211 3525
Claims email address : claims@freemanmcmurrick.com.au