Machinery Claim Form

Click on the fields to complete online, then print and sign. OR Print and complete all sections in black or blue pen.

1. Details

| Policy number | | Claim number | |
|------------------------|------------------|--------------|----------|
| | | | |
| Contact name | | Insured | |
| | | | |
| Postal address | | L | |
| Suburb | State | | Postcode |
| | | | |
| Phone number (h) | Phone number (w) | | Email |
| | | | |
| Date loss (dd/mm/yyyy) | | | , |
| | | | |
| L | | | |

Goods and Services Tax:

(a) Australian Business Number (ABN), if applicable:

(b) entitlement to an Input Tax Credit:

2. Damage Details

Location of damaged machine

| Description of dama | and maching | | |
|---------------------|--------------|--|--|
| Description of dama | igeu machine | | |
| | | | |
| | | | |

Details of damaged machine

| Make | Туре | Model |
|--|---|-------|
| Serial number | Year of Manufacture | HP/KW |
| What happened? (Attached sketch if appropria | te, also attach itemised account for parts and labo | pur) |
| | | |
| Estimated cost of Damage | | |
| \$ | | |
| Claim number | Policy number | |



| (If spoliage of frozen goods is insured) Yes No |
|---|
| Did spoilage of frozen goods occur? |
| If yes, what type of goods? (please attach invoices) |
| Where are the goods now? |
| What was the value of the goods? |
| \$ |
| (If business interuption is insured) |
| What time did the machine stop? am pm Which department(s) is/are a ected by the stoppage? |
| |
| What is your approximate daily turnover? |
| \$ |
| If you are incurring increased costs of working, what is the daily cost of these? |
| \$ |
| When do you anticipate repairs/replacement to the damaged machine to be completed? |
| Who is your company accountant? |
| Telephone Number (Work) |
| |
| Yes No Do you know of any other insurance policy which covers the damage of items under our policy? Image: Comparison of the second se |
| |
| |

Please attached or keep all invoices/receipts and photographs to support your claim. Do not destroy or otherwise relinquish possession of damaged parts to support your claim.

3. Declaration

I/we certify that the information given in this claim form is truthful, accurate and complete. No information likely to a ect this claim has been withheld. I/we understand that this claim may be refused in whole if the information is untrue, inaccurate or concealed.

Signature of Insured(s)

Date (dd/mm/yyyy)