
Machinery Breakdown

Claim form

GUIDE FOR COMPLETION

Please complete all sections of this form and note the following:

- 1 The completion of this form does not constitute policy acceptance by the insurer.
- 2 Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
- 3 Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
- 4 If you do not believe a question is applicable, please write 'n/a'.
- 5 Original hard copy records are required by the insurer. Should you require them to be returned, please include a written request advising same. Photocopies are not acceptable for audit reasons.
- 6 All communications with the Insurer and Aon should be marked 'Private and Confidential'.
- 7 If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 8 Salvage remains the property of the insurer.
- 9 Any attachments will form part of this claim report and the declaration will include them.

PRIVACY AND COLLECTION STATEMENT

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

A. INSURED DETAILS

Name of insured _____

Address _____

_____ Postcode _____

Name of contact _____ Occupation _____

Telephone number _____ Mobile number _____

Email _____

Insurer _____ Policy number _____

B. ELECTRONIC FUNDS TRANSFER DETAILS

Following your insurer's approval of your claim, should you wish to have your claim benefits transferred directly into your bank account, please provide the following details:

Name of Financial Institution _____

Account Name _____

BSB Number _____ Account Number _____

C. DETAILS OF BREAKDOWN

Date of the breakdown _____ time _____ am/pm _____

Please describe the cause and damage _____

Address where the breakdown happened _____

Are you the only occupier of the premises? yes no

If 'no', please provide details _____

Who discovered the breakdown and include their name, date discovered and time _____

If someone is responsible for the breakdown, please provide their name, address and any other information about the person/s responsible _____

D. MACHINERY DETAILS

Please describe the machine the subject of the claim

Type _____ Serial no. _____

Model no. _____ Manufacturer _____

Date purchased _____ Present day value _____

Where is the machine usually located?

Address _____

Postcode _____

Does any other party have a financial interest in the machine?
(i.e. do you owe any money on the machine to another party?) yes no

If 'yes', state the name and address of interested party

Name _____

Address _____

Postcode _____

Is the machine covered by a guarantee or indemnity?
If 'yes', state the name and address of the company yes no

Name _____

Address _____

Postcode _____

Is there any other insurance that may cover the machine?
If 'yes', state the name of the insurance company yes no

Name _____ Policy no. _____

Type of insurance _____

Was there any other unrepaired damage to the machine before breakdown occurred, which is the subject of this claim? yes no
If 'yes', describe the damage

Have you had any previous losses or made any claims on any insurer in the past 5 years,
whether you claimed for them or not? yes no

If 'yes', please advise what happened including the value of the item, the date of loss and the name of the insurer

Has any insurer refused or cancelled cover or required special items to insure you?
If 'yes', please advise what happened yes no

E. REPAIR DETAILS

Is the damage repairable? yes no

If 'yes', state the estimated cost of repairs \$ _____

If 'no', state the amount being claimed AND continue to section F \$ _____

Was a quotation obtained? yes no

If 'yes', was it verbal or written? verbal written (attach copy)

Details of repairer

Name _____

Telephone number _____ Contact _____

Have repairs commenced? yes no

If 'yes', state the date commenced _____

Name of authorising person _____

Indicate whether repairs will entail: Penalty rates for overtime, night, holiday or shift work Express charges or airfreight of parts

Have any temporary repairs been made? yes no

If 'yes', describe the repairs _____

_____ Cost \$ _____

Is any additional work, other than the repairs as a result of damage, being completed while the plant is down? yes no

If 'yes', describe the other repair work _____

_____ Cost \$ _____

F. GOODS AND SERVICES TAX

To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST? yes no

What is your ABN? _____

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy? yes no

Will you be claiming an amount less than 100%? yes no

Specify amount claimed _____ %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? yes no

Specify amount claimed _____ %

G. DECLARATION

I/We declare that:

1. I/We the Insured do solemnly and sincerely declare that I/we have complied with the terms and conditions of the Policy and in no manner caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/we have not concealed any information relating to this claim.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise the insurer to disclose information contained herein to their advisors, reinsurers and to other insurers. I/We authorise the insurer to obtain from any other party information that is, in the insurer's view relevant to this claim.

Signature of insured

date

Note: Please provide the repairer with the attached schedule "Machinery Claim Report – Repairer's Report" to complete and return to Aon for on-sending to your insurer.

Aon is a leading provider of risk management services, insurance and reinsurance broking, financial planning and employee benefit and risk solutions. Aon professionals meet the diverse and varied needs of our clients through our industry knowledge, technical expertise and global resources.

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Schedule

Machinery Claim Report – Repairer’s Report

DESCRIPTION OF JOB

Customer’s name _____

Details of machinery _____ Age (years) _____

Description of damaged parts _____

Type _____ Condition of item _____ Age (years) _____

Model number _____ Serial number _____

Manufacturer _____ Voltage _____

Type of job _____ Repairs Quote for repairs

COST OF REPAIRS AND SERVICE CHARGES

Item (e.g. Motor, Alternator, etc.)	Parts (if repairs are uneconomical and replacement is recommended, please provide an alternative quotation for repair below.)	Amount charged	
		\$	¢

Service Charges			
Labour	Number of hours	@Rate	
Travel	Number of hours	@Rate	
Removal and installation			
Hire of loan motor (including installation and removal)			
Overtime costs			
Transport costs			
Other charges (please specify)			
		Sub-total	
	Replacement If recommended, the amount allowed on old unit is to be deducted		
		Total	

REPAIRER

Name of repairer _____ ABN _____

Signature _____ Date _____

