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?

☐ yes ☐ no

If ‘yes’, state the name and address of the company

Name

Address

Postcode

Is there any other insurance that may cover the machine?

☐ yes ☐ no

If ‘yes’, state the name of the insurance company

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?

☐ yes ☐ no

If ‘yes’, please advise what happened
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.
## Schedule

### Machinery Claim Report – Repairer’s Report

#### DESCRIPTION OF JOB

<table>
<thead>
<tr>
<th>Customer’s name</th>
<th>Age (years)</th>
</tr>
</thead>
</table>

| Details of machinery | |

| Description of damaged parts | |

<table>
<thead>
<tr>
<th>Type</th>
<th>Condition of item</th>
<th>Age (years)</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Model number</th>
<th>Serial number</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Voltage</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Type of job</th>
<th>Repairs</th>
<th>Quote for repairs</th>
</tr>
</thead>
</table>

#### COST OF REPAIRS AND SERVICE CHARGES

<table>
<thead>
<tr>
<th>Item (e.g. Motor, Alternator, etc.)</th>
<th>Parts</th>
<th>Amount charged</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Service Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Labour</td>
</tr>
<tr>
<td>Travel</td>
</tr>
</tbody>
</table>

| 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

<table>
<thead>
<tr>
<th>Name of repairer</th>
<th>ABN</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
</table>