

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.

1. Insured Details

Name of insured

Mr Mrs Miss Ms Dr

First name Family name

Postal address

Suburb State Postcode

Phone Mobile

Email

Insurer Policy number

2. 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

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3. Details of Breakdown

Date of breakdown (dd/mm/yyyy) 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?

Mr Mrs Miss Ms

First name Family name

Date (dd/mm/yyyy) Time am pm

If someone is responsible for the breakdown, please provide the following information

Mr Mrs Miss Ms

First name Family name

Additional information on person responsible for breakdown (if any)

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4. Machinery Details

Please describe the machine the subject of the claim

Type	<input type="text"/>	Serial no	<input type="text"/>
Model no.	<input type="text"/>	Manufacturer	<input type="text"/>
Date purchased (dd/mm/yyyy)	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	Present day value	\$ <input type="text"/>

Where is the machine usually located?

Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

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

Mr Mrs Miss Ms Dr

First name	<input type="text"/>	Family name	<input type="text"/>
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Postal address	<input type="text"/>		
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Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Is the machine covered by a guarantee or indemnity?

Yes No

If 'Yes', state the name and address of the company

Name	<input type="text"/>		
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Address	<input type="text"/>		
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Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>

Is there any other insurance that may cover the machine?

Yes No

If 'Yes', state the name of the insurance company

Name	<input type="text"/>	Policy no.	<input type="text"/>
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Type of insurance	<input type="text"/>		
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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

<input type="text"/>

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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

5. 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 G

\$

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 (dd/mm/yyyy)

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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

\$

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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 \$

6. 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 %

7. 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 (dd/mm/yyyy)

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.

For more information on Aon see aon.com.au

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)
<input style="width: 100%; height: 27px;" type="text"/>	<input style="width: 100%; height: 27px;" type="text"/>	<input style="width: 100%; height: 27px;" type="text"/>

Model number`	Serial number
<input style="width: 100%; height: 27px;" type="text"/>	<input style="width: 100%; height: 27px;" type="text"/>

Manufacturer	Voltage
<input style="width: 100%; height: 27px;" type="text"/>	<input style="width: 100%; height: 27px;" type="text"/>

Type of job Repairs Quote for repairs

Cost of Repairs and Service Charges

Item <small>(e.g. Motor, Alternator, etc.)</small>	Parts <small>(if repairs are uneconomical and replacement is recommended, please provide an alternative quotation for repair below)</small>	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 (dd/mm/yyyy)

