

# Machinery Breakdown/Deterioration of Stock/Fusion



## Claim form

The company does not admit liability by the issue of the form. It is issued to enable the insured to lodge a written statement of claim.

CASE/CLAIM NUMBER

### Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to ZURICH AUSTRALIAN INSURANCE LIMITED.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

### General Insurance Code or Practice

Zurich Australian Insurance Ltd is a signatory to the General Insurance Code of Practice. For more information about the General Insurance Code of Practice please go to [www.zurich.com.au](http://www.zurich.com.au) and select About Zurich.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 Hours a Day, 7 days a week.

### Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – [www.zurich.com.au](http://www.zurich.com.au), contact us by telephone on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au)

### 1 Insured details – Please print your answers

Full name of insured – Mr, Mrs, Miss, Ms

Surname	Given name(s)		
Address	State	Postcode	
ABN	ITC %	%	
Policy number	Occupation		
Phone number – Private	Business		
Mobile	Fax		
Date of loss	/	/	Time am <input type="radio"/> pm <input type="radio"/>
Where did loss occur?			
Describe as fully as possible how loss occurred			

## 2 Insured details (continued)

Do you consider any other party responsible for the loss?

Yes ☐ No ☐

If 'Yes', please state why?

Are you the sole owner of the property lost or damaged?

Yes ☐ No ☐

If 'No', give details of other owners or part owners

Do you hold any other insurances under which a claim for this loss may be lodged?

Yes ☐ No ☐

If 'Yes', please give details

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase      /      /

Price \$

Is the motor under a manufacturers warranty?

Yes ☐ No ☐

If 'Yes', has a claim been made under the warranty?

## 3 Electrical repairers report

Make of motor

hp

Serial No.

Voltage

rmp

Open or sealed

Age

Details of damage

Cause of damage

Repair costs – amount

Windings \$

Compressor \$

Other repairs \$

PLEASE ATTACH ACTUAL REPAIR ACCOUNT

Description of goods	Quantity	Cost	Amount claimed
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Repairs having been completed to my satisfaction I hereby claim the amount of			\$ 0

## 4 Declaration

I declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this claim has been withheld and that no other persons have an interest of any kind in the said property.

Signed

X

Date

/ /