

THE INSURED

Issuing Office: \_

## **ELECTRICAL DAMAGE (FUSION)**

CLAIM FORM

(To be completed by the Insured)

Full Name			Private:
Address		Contact	Business:
		Details	Mobile:
	Postcode		Email:
What is your C	occupation, Trade or Profession? (including Part-Time)		
POLICY DE	TAILS		
Policy Numbe	Policy Expiry Date		
GOODS AN	ID SERVICES TAX		

To ensure you do not incur any unnecessary GST liabilities	s on this claim please complete these details.		
Are you registered for GST purposes? No Yes What is your ABN? have you claimed or will you be claiming an input tax credii No Yes Is the amount claimed less than 1009 of the GST applicable to the premium Please note that this information is used by the insurer for	%     No     Yes     Specify the percentage amount claimed     %		
DETAILS OF APPLIANCE (e.g. washing machine, r	efrigerator)		
Please give name and type of appliance	Is there any other insurance current covering the appliance? YES NO     If 'YES', please give details		
N.B: If appliance is a swimming pool pump, please indicate if the pools is above or below ground. /// • Date of Manufacture			
Please state from whom purchased	Is the motor under warranty YES NO     If 'YES' please give details of warranty and your claim against the manufacturer		
Date of Purchase     / /	]		
Purchase Price including GST     Input Tax Credit claimed     on purchase	Has the appliance been repaired     previously? YES NO		
Was appliance purchased?     (i) new     (ii) second-hand     Was appliance used for?     (i) trade     (ii) private	If 'YES' please give details of previous repairs and date		

### **DETAILS OF CLAIM**

Please state briefly how damage occurred	Date and time loss     / / am     pm
	Name and address of repairer
	Cost of repair including GST
	Input Tax Credit claimed / to be claimed

# DETAILS OF DETERIORATION OF FROZEN FOOD (please complete this section if a claim is being made for deterioration of frozen food)

Please state briefly how damage occurred	Have the damaged goods been disposed of? YES NO	
	N.B.: Please attach a listing of damaged goods to this form together with invoices and receipts, if availat also details of cost of the goods and where purch	

#### DECLARATION

I declare that all statements made by me in relation to this claim are correct and true in every respect.				
Signature of Insured	Signature of Witness	Date / /		

## Report to be Completed by Repairer

Details of Motor:	• Ca	ause of Damage		
(i)Make				
(ii) Serial No (ii) H.P.				
(iv) Voltage (v) R.P.M.		• Was an impedance test done on all     parts of the electrical circuit? YES NO		
(vi) Open or (vii) Age		'ES', please indicate r		
Sealed (VII) Age				
•Details of Damage				
		as the damaged unit t tained?	been YES	NO
		ES', please indicate v	where it can be ins	pected
	··			
<ul> <li>Details of repairs and service charges</li> </ul>				
	Indicate (ve	es/no) whether destruct	tion or damage to a	ny parts of parts
	the electric	al machines, installatio	ns or apparatus wa	s caused by the
MOTOR REPAIRS (NOT SEALED UNITS)	Actual burn	ing out of such part or	less ITC's	\$ Amount
Windings of Stator		Purchase price inclusive of GST	claimed on such items	claimed
Windings of rotor or Armature				
Brushes				
Bearings (give detail and reason for same)				
Switch Gear				
SEALED UNITS				
(a) Motor Repairs				
(b) Compressor Repairs				
If replacement unit fitted state allowance on old unit (\$ .)				
Electrical Controls				
Flushing and recharging with refrigerant				
Auxiliary Equipment				
Other repairs				
Removal and Reinstallation Hire and Loan Motor including Installation and Removal				
Details of Overtime costs				
Transport costs				
		TOTAL		
Business Name, Address and telephone No.				
Signature of Repairer		E	Date /	/
			L	