

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 |
| | | | | |
| | ·· | | | |
| | | | | |
| Details of repairs and service charges | | | | |
| | 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 | |