

# *machinery claim form*



Wesfarmers General Insurance Limited, ABN 24 000 036 279

**The issue or acceptance of this form is not to be construed as an admission of liability by Lumley Insurance.**

**Click on the fields to complete online, submit to Lumley Insurance via email OR print and complete all sections in black or**

**Please complete all questions to prevent processing delays**

## DETAILS

Policy Number

Claim Number

Contact Name

Insured

Phone Number (Work)

Phone Number (Home)

Contact Email

Postal Address

Postcode

Date of Loss

### Goods and Services Tax:

(a) Australian Business Number (ABN), if applicable

(b) entitlement to an Input Tax Credit %

## DAMAGE DETAILS

Location of damaged machine

Description of damaged machine

### Details of damaged machine

Make

Type

Model

Serial number

Year of Manufacture

HP/KW

What happened? (Attach sketch if appropriate, also attach itemised account for parts and labour)

Estimated cost of Damage \$

**NSW** Lumley House, Level 9, 309 Kent Street, Sydney 2000  
Suite 19, 50 Glebe Road, The Junction 2291  
**VIC** Level 3, 99 King Street, Melbourne 3000  
**ACT** Level 4, 10 Rudd Street, Canberra City 2601  
**TAS** 27 Paterson Street, Launceston 7250  
**SA** 465 Pulteney Street, Adelaide 5000  
**WA** 50 St George's Terrace, Perth 6000  
**QLD** Level 2, 99 Melbourne Street, Brisbane 4000  
Level 5, Northtown Tower, Flinders Mall, Townsville 4810  
**NT** Level 2, Beagle House, 38 Mitchell Street, Darwin 0800

Phone (02) 9248 1111  
Phone (02) 4925 7500  
Phone (03) 8627 4333  
Phone (02) 6279 0333  
Phone (03) 6345 4700  
Phone (08) 8228 1700  
Phone (08) 9220 8222  
Phone (07) 3307 4800  
Phone (07) 4722 6000  
Phone (08) 8946 4600

Fax (02) 9248 1122  
Fax (02) 4940 0295  
Fax (03) 8627 4312  
Fax (02) 6279 0330  
Fax (03) 6345 4711  
Fax (08) 8228 1775  
Fax (08) 9220 8251  
Fax (07) 3307 4899  
Fax (07) 4724 4398  
Fax (08) 8228 1775

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Claim Number

Policy Number

**(If spoilage of frozen goods is insured)**

Did spoilage of frozen goods occur?      Yes      No

If **yes**, what type of goods? (Please attach invoices)

Where are the goods now?

What was the value of the goods? \$

**(If business interruption is insured)**

What time did the machine stop?                      am      pm

Which department(s) is/are affected by the stoppage?

What is your approximate daily turnover? \$

If you are incurring increased costs of working, what is the daily cost of these? \$

When do you anticipate repairs/replacement to the damaged machine to be completed?

Who is your company accountant?

Telephone Number (Work)

Do you know of any other insurance policy which covers the damage of items covered under this claim?

Yes      No      If **yes**, please explain

**Please attached or keep all invoices/receipts and photographs to support your claim. Do not destroy or otherwise relinquish possession of damaged parts to support your claim.**

**DECLARATION**

I/we certify that the information given in this claim form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/we understand that this claim may be refused in whole if the information is untrue, inaccurate or concealed.

Signature

Date