

Engineering/Fusion Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number

Name of Insured: _____
 Contact Person _____
 Home Phone No. _____ Work Phone No. _____ Mobile No. _____
 Email _____ Occupation _____
 Postal Address _____

 _____ Postcode _____
 Broker/Agent Name _____ Phone No. _____
 Policy No. _____ Excess \$ _____
 Inception Date _____ Expiry Date _____

Interested Parties: Is the property being claimed for under a Financial Agreement? Yes No

Name of Financier _____ Contract No. _____

G.S.T.: Are you registered for GST purposes? Yes No A.B.N. _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Particulars of Incident: Date _____ Time _____ am/pm

Situation of Insured Machinery _____ Postcode _____

Cause of Loss _____

Description of Loss (*Including stock deterioration, business interruptions, etc.*) _____

Equipment Lost or Damaged: Type (*eg. refrigerator, compressor, computer*) _____

Maker's Name _____ Model _____

HP _____ Watts _____ Voltage _____ RPM _____

Purchase Details New Secondhand Age _____ years

Date of Purchase _____ Purchase Price \$ _____

Name of Supplier _____

Address of Supplier _____

_____ Postcode _____

New Replacement Value \$ _____ Sum Insured \$ _____

Is Equipment under warranty or maintenance contract? Yes (attach a copy) No

Is there any other insurance on items? Yes No

If Yes, Insurer _____ Policy No. _____

Repairs: Have any repairs been carried out? Yes No (provide written repair quotation)

If Yes, Nature of Repairs Temporary Permanent

Will the item be replaced (because it cannot be repaired?) Yes No

If Yes, has it been replaced already? Yes No

Estimated Cost of Claim \$ _____ Less Excess (*if any*) \$ _____ Total \$ _____

Engineering

Food Spoilage: Did you want to claim for Food Spoilage? Yes No

If insufficient space, please attach a list.

Items	Purchase Date	Value	Amount Claimed	ITC % Entitlement*
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

***Please show the extent that a ITC can be claimed on each item.**

Privacy: The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters,

external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR Statement: Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

Declaration: I/We certify that the information given in this 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 if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and

consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured

Date

PLEASE ARRANGE FOR REPAIRER TO COMPLETE REPORT ON THIS CLAIM FORM (next page)

REPAIRER'S REPORT – DETAILS OF REPAIRS TO BE COMPLETED BY REPAIRER

Name of Repairer Phone No.
 Address Postcode

Cost of Materials:

Items	Amount	Items	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Labour – ordinary rates	No. Hours	x Cost/Hr	\$	= Total	\$	
Overtime – penalty rates	No. Hours	x Cost/Hr	\$	= Total	\$	
Transport	Freight	\$	Other	\$	Hire of Loan Machine	\$
Other Charges					\$	
					\$	
Total Cost of Repair					\$	

Electric Motor and Compressor Repairs

Maker's Name	Model	Age	years
Open Motor Charges:	Sealed Unit Charges		
Starter Windings	\$	Starting Relay	\$
Field Coils	\$	Overload Relay	\$
Rotor Windings	\$	Capacitors	\$
Armature Windings	\$	Capillary Line	\$
Capacitors	\$	Filter/Dryer	\$
Centrifugal Switch Gear	\$	Gas	\$
Carbon Brushes	\$	Compressor or Unit Labour	\$
Bearings	\$	Dome Fitted/Unit Fitted	\$
Describe Other Electrical Repairs			
Mechanical Repairs	\$		
Give details			
Labour (Remove & Re-install)	\$	Overtime Charges (<i>excess over ordinary time</i>)	\$
Transport	\$	Freight	\$
Labour (Loan Machine)	\$	Hire of Loan Machine	\$
Total	\$	Total	\$

Signature of Repairer Date

