

# MACHINERY

**CLAIM REPORT**



**Please retain this page for your information**

**ABOUT YOUR CLAIM**

- We will contact you as quickly as possible about your claim.
- If someone else involved in the accident contacts you about a claim, or for information, refer the person to your local CGU Insurance office.
- If you receive a writ or summons, or anything else from a legal firm, please forward it to us immediately.
- We need to handle everything related to your claim.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact your local CGU Insurance office. The telephone numbers are:

Adelaide	(08) 8405 6300	Perth	(08) 9278 1333
Brisbane	(07) 3212 7878	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5320 1444
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

# MACHINERY CLAIM REPORT

Please answer all questions. This will help us process your claim quickly.  
 Answer questions by ticking appropriate boxes and supplying information requested.  
 When returning this form please attach the repairer's quotation or account.

Policy no. (from your schedule)

:	:	:	:	:	:	:	:	:	:
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Expiry date

/	/
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Insured (surname, company or partnership)

Given name(s) of insured

Contact person (for company or partnership)

Occupation

**Are you registered for GST purposes?**

No  Yes  What is your ABN?

Have you claimed an input tax credit on the GST amount applicable to this policy?

No  Yes  Is the amount claimed less than 100% of the GST applicable to the premium? No  Yes  Specify the percentage amount claimed  %

**Are you entitled to claim an input tax credit for repairs or replacement of the damaged item(s)?**

No  Yes  Is the amount claimable less than 100%? No  Yes  Specify the percentage amount claimable  %

Address

<input type="text"/>
<input type="text"/>
Postcode

Private telephone no.

Business telephone no.

Facsimile no.

If policy is a declaration policy, state date of last declaration

## Property details

Please describe the property the subject of the claim

Type

Serial no.

Model no:

Manufacturer

Date purchased

Present day value

 \$

Where is the property usually located?

Address

<input type="text"/>	Postcode
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Does any other party have a financial interest in the property?

No  Yes  State name and address of interested party

Name

Address

  

Postcode

Is the property covered by a guarantee or indemnity?

No  Yes  State name and address of the company

Name

Address

  

Postcode

Is there any other insurance on the property?

No  Yes  State name of the insurance company

Name

Policy no

Was there any other unrepaired damage to the property before the loss or damage occurred, which is the subject of this claim?

No  Yes  Describe the damage

  

### Claim Details

Loss or damage in transit  Other loss  Other damage  Theft

Date  /  /  Time  a.m.  p.m.

When did it happen?

  

How did it happen? (Describe the cause and the circumstances leading to the loss)

  
  

Who discovered the loss, theft or damage?

Name  Date discovered  /  /  Time  a.m.  p.m.

## Damage Details

Describe the damage


Was the damage caused by person/s other than the insured or the insured's employees or staff?

No  Yes  State name and address of the company

Name

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Address

Postcode

## Loss and Theft Details

Was the loss discovered by (or during) stocktaking or inventory checks?

No  Yes  When was the property last sighted or accounted for?

Date

/	/
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Has the loss been reported to the police?

No  Yes  Officer's name

Date

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/	/
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Do you know who was responsible?

No  Yes  State name and address or any other information

Name

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Address

Postcode

## Transit Loss or Damage Details

State the name and address of the carrier

Name

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Address

Postcode
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Was the property consigned at Carrier's risk?  Owner's risk?

Was the property crated?  packed?  secured to vehicle?

Did the loss or damage occur during loading?  unloading?

Did the loss or damage occur on a carriageway?  on property other than a carriageway?

Who loaded or unloaded the vehicle when the loss or theft was discovered?

Name

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Address

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Indicate whether Insured's employee  Carrier's employee  Other person (specify)

Has a claim been lodged against the carrier?

No  Yes  On what date was the claim made?

Date

/	/
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Has the carrier accepted liability?

No  Yes

## Repair Details

Is the damage repairable?

Yes  State the estimated cost of repairs \$

No  State the amount being claimed  
AND ignore the remaining questions in this panel \$

Was a quotation obtained?

No  Yes  Verbal  Written (attach a copy)

Details of repairer

Name

Telephone No

Contact

Have repairs commenced?

No  Yes  State date commenced

Date

Name of authorising person

Indicate whether repairs will entail:

Penalty rates for overtime, night, holiday or shift work  Express charges or airfreight of parts

Have any temporary repairs been made?

No  Yes  Describe the repairs

<input type="text"/>
Cost: \$

Is any additional work, other than the repairs as a result of damage, being completed while the plant is down?

No  Yes  Describe the other repair work

<input type="text"/>
Cost: \$

## Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.

\* I consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

**Signature of the insured or person with authority  
to sign for and on behalf of a company or partnership**

**Date**

\* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

Please indicate the number of additional pages attached to this claim report

**When complete, please forward the report to:**

- CGU Insurance, GPO Box 9902 in the capital city of your state or
- your agent or broker or
- your local CGU Insurance office.



**CGU Insurance Limited**

ABN 27 004 478 371

An IAG Company