

## 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:	
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	<input type="text"/>	Model	<input type="text"/>
HP	<input type="text"/>	Watts	<input type="text"/>
Purchase Details	New <input type="checkbox"/>	Secondhand	<input type="checkbox"/>
Date of Purchase	<input type="text"/>	Age	<input type="text"/> years
Name of Supplier	<input type="text"/>		
Address of Supplier	<input type="text"/>		Postcode <input type="text"/>

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, loss adjusters, external

claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc 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, Mon-Fri 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. 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
	\$		\$
	\$		\$
	\$		\$

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

**Electric Motor and Compressor Repairs**

Maker's Name	Model	Age	years
<b>Open Motor Charges:</b>		<b>Sealed Unit Charges</b>	
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			
<b>Mechanical Repairs</b>			\$
Give details			
Labour (Remove & Re-install)	\$	Overtime Charges ( <i>excess over ordinary time</i> )	\$
Transport	\$	Freight	\$
Labour (Loan Machine)	\$	Hire of Loan Machine	\$
<b>Total</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>

Signature of Repairer  Date