

# Machinery and computer claim form



If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Claim number

Policy number

To notify us of your claim please either:

1. Call **1300 888 073** to speak to a Claims Professional who will be happy to lodge your claim over the phone, or
2. Complete this claim form, attach any documents and send it to:

GPO Box 3999      18 Jamison St  
Sydney 2001      Sydney 2000

Facsimile: 1300 710 929

Email: firstresponseunit@suncorp.com.au

## Section 1 – Insured and policy details

Full name of insured

Postal address

State

Postcode

Telephone B/H

Telephone A/H

Facsimile number

Mobile

Email address

## Section 2 – Goods and Services Tax (This section must be completed for all claims)

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.

Are you registered for GST purposes? No  Yes

What is your ABN?

If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on 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

%

## Section 3 – Details of plant/appliance

Brand name and type of plant/appliance

Date of purchase

HP

Model

Age

Purchase price

\$

Is the damaged item under any warranty?

No  Yes  If Yes, please give details of warranty and your claim against the manufacturer

Location of plant/appliance and damaged parts

Are you the sole owner of the plant/appliance?

Yes  No  If No, please give details of other interested parties

When was the plant/appliance installed?

/ /

**Section 4 – Details of claim**

When did the loss/damage occur?

Date  /  /  Time  am/pm

Briefly state what happened and how the loss/damage was caused

Is the motor/machine repairable?

Cost of repairs

No  Yes  If Yes, and motor / machine has been replaced, please give the reason why it was not repaired?

\$

Have repairs commenced?

No  Yes  If Yes, state name, address and telephone of repairer

Telephone number

Email address

(  )

Have you paid the repairer?

No  Yes  If Yes, please attach a copy of the repairer's invoice(s)

**Section 5 – Payment details**

For faster payment, provide your bank details for a direct credit to your nominated bank account. We cannot deposit into a credit card account.

Name of bank

Branch

Account holder

BSB number

Account number

A notification will be issued to you when the claim payment has been electronically deposited.

Send cheque to my postal address.

**Section 6 – Details of refrigerated goods**

Please complete this section if a claim is being made for deterioration of refrigerated goods in cold chambers due to breakdown.

Has Vero Insurance been notified of your loss? No  Yes

Have the damaged goods been disposed of? No  Yes  If yes, who authorised the disposal?

Please list the damaged refrigerated goods together with the supplier's invoice and your receipt from the Health Department and/or the receipt of disposal.

Number	Unit weight/size	Description of goods	Unit cost \$	Total cost \$
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If there is not enough space please continue on a separate sheet

Total \$

**Section 7 – This page is to be completed by the repairer**

Name of insured  Make of motor/machine

HP  Model  Age  Voltage  RPM (if driving a compressor)

Serial No.  Open or sealed type

Details of damage

Cause of damage

**Section 7a – Details of repairs and service charges**

**Electrical motor repairs**

Rewind costs  \$

**If a new motor was fitted** (cost of replacement)  \$

Estimated cost to rewind damaged item  \$

Bearings (tick reason for replacement) Worn  Damaged   \$

Switchgear (tick reason for replacement) Worn  Damaged   \$

**Refrigeration and air conditioning repairs**

Sealed units No  Yes  Model No.   \$

Semi hermetic No  Yes  Model No.   \$

Open compressors No  Yes   \$

**If a new item is fitted** (cost of replacement)

Estimated cost to fit a reworked item  \$

Auxiliary fan No  Yes   \$

Electrical controls (tick reason for replacement) Worn  Damaged   \$

Flushing and charging with refrigerant No  Yes   \$

Auxiliary equipment (give details)  \$

**Mechanical plant**

Materials cost  \$

**Additional works**

General maintenance, replacement of worn parts etc.  \$

**Labour and associated costs**

Removal and reinstallation  \$

Hire of loan motor including installation and removal  \$

Details of overtime costs  \$

Transport costs  \$

**Section 7b – Details of contractor**

Full name of repairer  Postal address

Telephone B/H  State  Postcode

Email address  Signature  Date

**Section 8 – Privacy statement**

The Privacy Act 1988 (Cth) (as amended) requires us to inform you that:

**Purpose of collection**

We collect personal information (this information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purpose of:

- ▼ providing insurance services to you;
- ▼ evaluating your application for insurance;
- ▼ evaluating any request for any amendment to any insurance provided;
- ▼ issuing, administering and managing the insurance provided following acceptance of an application; and
- ▼ investigating and if covered, managing claims made in relation to any insurance you have with us or other companies within the group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

**Disclosure**

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- ▼ other companies within the group,
- ▼ your insurance intermediary or our agent,
- ▼ Government bodies, loss assessors, claims investigators, reinsurers,
- ▼ other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- ▼ other service providers, hospitals, medical and health professionals.

**Consequences if information is not provided**

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

**Access**

You can request access to the personal information we hold about you by contacting us at Vero Insurance, Level 18, 36 Wickham Terrace, Brisbane QLD 4000.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

**Privacy Statement issued**

Vero Insurance, Level 18, 36 Wickham Terrace, Brisbane QLD 4000.

For personal claimants

I consent to:

- ▼ the use of personal information about me for the purposes shown in the Privacy Statement, and
- ▼ obtaining personal information from, other parties, including those shown in the privacy statement, for any of these purposes.

For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to

- ▼ disclose to you personal information about that person and to consent to its use for the purposes shown in the privacy statement, and
- ▼ consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

**Declaration**

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation above.

I/We declare that the answers I/We have given in this claim form and information I/We have supplied to Vero Insurance is true and correct and that I/We have not withheld any information relevant to this claim. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Policyholder name 1

Policyholder name 2

Signature

Date

Signature

Date