

# Machinery Breakdown/Deterioration of Stock/Fusion



## Claim form

The company does not admit liability by the issue of the form. It is issued to enable the insured to lodge a written statement of claim.

CASE/CLAIM NUMBER

### Important information

- Do not admit liability - Ask for any claim to be put in writing and refer all correspondence to ZURICH AUSTRALIAN INSURANCE LIMITED.
- Make sure you give us all the details about your claim. Attach a separate sheet if you have insufficient space on this form.
- Send all quotations you have received to repair or replace damaged property or invoices or receipts if the goods have already been repaired.

### General Insurance Code or Practice

Zurich Australian Insurance Ltd is a signatory to the General Insurance Code of Practice. For more information about the General Insurance Code of Practice please go to [www.zurich.com.au](http://www.zurich.com.au) and select About Zurich.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 Hours a Day, 7 days a week.

### Privacy

- We need personal information about you to assess your claim. We will, where relevant, disclose your personal information (other than sensitive information such as health information) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose;
- Where relevant, to assess your claim we will also disclose personal information, including sensitive information about you such as health information, to medical practitioners, other health professionals, other insurers and reinsurers, legal representatives, and other consultants. By signing this Claim Form, you consent to those organisations and other professionals collecting, and us disclosing sensitive information about you for this purpose;
- In some cases, assessment and settlement of the claim is undertaken in conjunction with our insured. For example, we may act as an agent for our insured or the cost of claims may be shared between us and our Insured. In these cases, your personal and/or sensitive information will be shared between us and our insured (or their representatives) for the purpose of managing the claim;
- A list of the type of service providers, business partners and consultants we commonly use is available on request, or on our website - go to [www.zurich.com.au](http://www.zurich.com.au) and click on the Privacy link on our home page;
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim;
- We may also disclose personal information about you where we are required or permitted to do so by law;
- In most cases, on request, we will give you access to the personal information we hold about you;
- If you would like to find out more, you can contact us by telephone on 132 687, e-mail us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au) or write to 'The Privacy Officer' at Zurich Financial Services Australia Limited, PO Box 677, North Sydney, 2059. Please provide details of your policy number/s and/or claim number where known.

## 1 Insured details – Please print your answers

Full name of insured – Mr, Mrs, Miss, Ms

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Surname ..... Given name(s) .....

Address ..... State ..... Postcode .....

ABN ..... ITC% ..... % .....

Policy number ..... Occupation .....

Phone number – Private ..... Business .....

Mobile ..... Fax .....

Date of loss / / ..... Time ..... am  pm  .....

Where did loss occur? .....

Describe as fully as possible how loss occurred .....

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**2 Insured details (continued)**

Do you consider any other party responsible for the loss?  
If 'Yes', please state why?

Yes  No

Are you the sole owner of the property lost or damaged?  
If 'No', give details of other owners or part owners

Yes  No

Do you hold any other insurances under which a claim for this loss may be lodged?  
If 'Yes', please give details

Yes  No

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase      /      /      Price \$

Is the motor under a manufacturers warranty?  
If 'Yes', has a claim been made under the warranty?

Yes  No

**3 Electrical repairers report**

Make of motor      hp      Serial No.  
Voltage      rmp      Open or sealed      Age

Details of damage

Cause of damage

Repair costs – amount      Windings \$      Compressor \$      Other repairs \$

PLEASE ATTACH ACTUAL REPAIR ACCOUNT

Description of goods	Quantity	Cost	Amount claimed
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
	\$	\$	\$
Repairs having been completed to my satisfaction I hereby claim the amount of			\$

**4 Declaration**

I declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this claim has been withheld and that no other persons have an interest of any kind in the said property.

Signed	Date
X	/ /