

Machinery Breakdown/Deterioration of Stock/Fusion Claim Form



The issue or acceptance of this form is not to be construed as an admission of liability

we make insurance easy

1. Your Details

Policy Number

Name of Insured

Contact person

Address

Postcode

Private

Mobile

Business

Facsimile

Email

Occupation

Your Business' ABN

What is your ITC% for this risk

EFT details: Bank and branch

BSB

Account

Account name:

Date of Loss

Time

Where did loss occur?

Describe as fully as possible how loss occurred

Do you consider any other party responsible for the loss?

☐ YES ☐ NO

If "YES", please state why?

Are you the sole owner of the property lost or damaged?

☐ YES ☐ NO

If "NO", give details of other owners or part owners

Do you hold any other insurances under which a claim for this loss may be lodged?

☐ YES ☐ NO

If "YES", please give details

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?

☐ YES ☐ NO

If "YES", has a claim been made under the warranty?

2. 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 authorise SRG to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in relation thereto.

Signature

Date

3. Repairer's Contact Details

REPAIRER TO COMPLETE

Business name

Contact person

Phone

Email

Open or sealed

Age

Details of damage

Cause of damage

4. Electrical Repairer's Report

Make of motor

hp

Serial No.

Voltage

rmp

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			\$

5. 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 authorise SRG to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in relation thereto.

Signature

Date

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