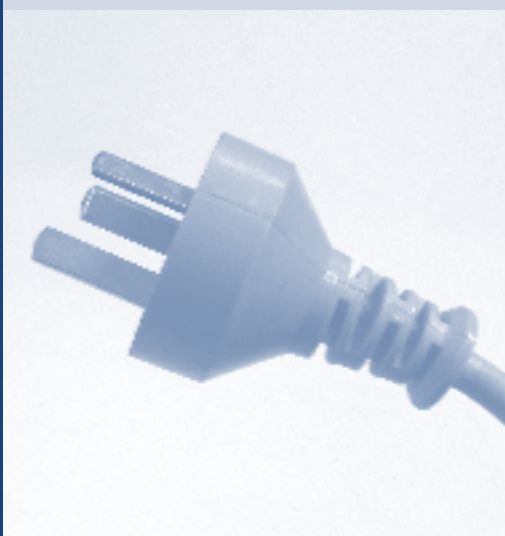


electrical damage
insurance

electrical damage

claim report



Insurer
CGU Insurance Limited
ABN 27 004 478 371

Please retain this page for your information

About your claim

- ◆ We will contact you as quickly as possible about your claim.
- ◆ If we need more information, we will contact you.
- ◆ 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) 9254 3600
Brisbane	(07) 3135 1900	Sydney	(02) 8224 4000
Launceston	(03) 6345 3500	Ballarat	(03) 5329 4100
Melbourne	(03) 9601 8222	Newcastle	(02) 4935 7100

How you can resolve a dispute with us

Our dispute resolution system is free and works like this:

1. Please advise the staff at your local CGU Insurance office (phone numbers above) if you are dissatisfied with:
 - our decision on your claim,
 - our handling of your claim,
 - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested the referral.
5. If you do not accept our decision, you may take the problem to the **Financial Ombudsman Service (FOS)**, for an independent investigation. The FOS can assist with private consumer and some small business type claims.

The telephone number for the Financial Ombudsman Service is **1300 780 808**.

More detailed information about this process is available from your local CGU Insurance office.

Electrical Damage Claim Report

Please answer all questions. This will help us process your claim quickly.

If you need more space to answer any of the questions, please use a separate sheet of paper.

Any attachments will form part of this claim report and the declaration will include them.

1. Policy no.

: :	: : : : :	:	/ /
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Expiry date

You can find the information for question 1 on your policy or renewal schedule.

2. Insured (e.g. surname, company or partnership)

Given name(s) of insured

Contact person (for company or partnership claims)

3. Are you registered for GST purposes?

No

Yes

What is your ABN?

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

No

Yes

Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No

Yes

Specify the percentage amount claimed or intended to be 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

%

4. Address

Postcode

5. Private telephone no.

Business telephone no.

Facsimile no.

6. When was the item damaged?

Time

a.m.

p.m.

7. Describe the damaged item

Type of item (e.g. washing machine, air conditioner, etc.)

Manufacturer

8. Year of manufacture

Model number

Serial number

9. When was the item purchased?

Date

Purchased

New

Second-hand

Age of the item

10. Has the item been repaired previously for similar damage?

No

Yes

When was the item previously repaired?

Name of repairer

Address

Postcode

11. At what address is the item used?

12. Where can we inspect the item?

13. Please describe what happened

14. For what purpose was the item being used? Domestic Business

15. Who is repairing the item?

Name of repairer

Address

Postcode

■ A licensed electrical repairer must also complete and sign the report overleaf.

■ Please keep all damaged parts until your claim is settled. We may need to inspect them.

Has the repairer been paid? No Yes **Please attach the repair account**

16. Is the item under manufacturer's guarantee or warranty?

No Yes Indicate if from purchase date or from last repair

Approximate amount owing

▶ Name of guarantor

\$

▶ Address

Postcode

17. Do you owe money on the damaged item?

No Yes Lender's name

Approximate amount owing

\$


▶ Address

Postcode

18. Was there any loss of frozen food as a result of the breakdown?

No Yes

List of damaged items	Amount claimed
	\$
Total	\$

Please read and sign the declaration on the opposite page. 

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 the 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 advisers.

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

Electrical Damage – Electrician's Report

If the repairs would be uneconomical and the item needs to be replaced, please give a quotation below itemising the repairs that would have been required.

We will repair, replace or reinstate the damage, at our option.
We will advise our insured which of these we will do.

Customer's name

Repair Quotation

Item needing repair

Manufacturer

Date of manufacture Model number

 / /

Serial number of item

Make of motor/generator

Power KW

HP

Voltage

Age

Serial number of motor

Details of damage

Breakdown of repair and service charges

(If replacement of the motor, generator or sealed unit is recommended, show the amount allowed on the old unit in the replacement unit panel below)

Motor/Generator parts

Winding of

- Stator

- Armature

Brushes

Bearings

Capacitor

Switch gear

Actual cause of damage (e.g. fused, worn, broken)

\$
Amount
charged
(inc. GST)

Sub-total \$

Sealed unit parts

Motor

Compressor

Ancillary fan

Electrical controls

Auxiliary equipment

Refrigerant:
flushing & recharging


Actual cause of damage (e.g. fused, worn, broken)

\$
Amount
charged
(inc. GST)

Sub-total \$

Sub-totals
(inc. GST)

\$

Transfer sub-totals to 'Transferred sub-totals' box on reverse of this page 

Transferred sub-totals \$

**\$
Amount
charged
(inc. GST)**

Replacement unit

Cost of replacement unit

Less amount allowed on old unit

Sub-total \$

Other parts

Parts not described above

(e.g. circuit breakers, mechanical items, casings, seals)

**\$
Amount
charged
(inc. GST)**

Sub-total \$

**\$
Amount
charged
(inc. GST)**

Service charges

Labour

Removal and installation

Hire of loan motor inc. installation and removal

Overtime costs

Transport costs

Other charges: please detail

Sub-total \$

**Total parts and charges
(inc. GST) \$**

**Total
(inc. GST) \$**

Electrician's details

Name of company repairing item

Telephone no.

Address

Postcode

Name of electrician or technician

Qualifications

ABN

Signature

Date

