Claim form

Machinery Breakdown/Deterioration of Stock/Fusion

ZURICH

The company does not admit liability by the issue of this 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.

In the event of a Claim, Zurich Australian Insurance Ltd will:

- Within 10 business days of receipt of your claim, notify your broker (or you) of our decision as to whether the claim has been accepted or not or, advise you if we require additional information and/or notify you within 5 days if we have appointed a loss adjuster/loss assessor.
- For claims where additional information is required, we will make a decision within 20 business days, dependant upon the time required for you (or other independent parties) to respond to a request for additional information.
- In some cases, due to unusual circumstances or the complexity of a claim, these timeframes may not be practical and we will agree an alternate timeframe with your broker or you to make a decision on your claim. If we cannot reach an agreement, you are able to access our complaints handling procedures.

Brokers please note: You can monitor the progress of a claim via Zurich Claims Online 24 hours a day, 7 days per 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 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 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.

Insured details – Please print you answers

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

Surname Given name(s)

Address State Postcode

ABN ITC % %

Occupation Date of birth /

Phone number – Private Business

Mobile Fax

Policy Number

Where did loss occur?

Describe as fully as possible how loss occurred

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Insured details (continued)

Do you consider any other party responsible for the loss? Yes ☐ No ☐
If 'Yes', please state why?

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

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Do you hold any other insurances under which a claim for this loss may be lodged? Yes ☐ No ☐
If 'Yes', please give details

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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?

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Electrical repairers report

Make of motor hp Serial No. .....

Voltage rmp Open or sealed Age .....

Details of damage

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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			$

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.

Signature of insured ✗ Date / /