

Electrical Damage

Insurance Claim Report



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 CGU Insurance on 13 24 80 (13 CGU 0).

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 CGU Insurance office on 13 24 80 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 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. : : : : : : : : : : 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

► Name of guarantor

Approximate amount owing

\$

► 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	\$

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/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

**Signature of insured or person with authority to sign
for and on behalf of a company or partnership**

Date

/ /

Please indicate the number of additional pages attached to this claim report

When complete, please forward the report to:

Email - claims@cgu.com.au

Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001

or send it to us via your Agent or Broker

**Alternatively, claims can be lodged over the telephone 24 hours a day,
7 days a week by calling us on 13 24 80 (13 CGU 0)**

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

Voltage

Age

HP

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

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

\$
Amount
charged
(inc. GST)

- Stator

- Armature

Brushes

Bearings

Capacitor

Switch gear

Sub-total \$

Sealed unit parts

Motor

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

\$
Amount
charged
(inc. GST)

Compressor

Ancillary fan

Electrical controls


Auxiliary equipment

Refrigerant:
flushing & recharging

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)**

Four empty rows for listing other parts.

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

Three empty rows for detailing other service charges.

Sub-total \$

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

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

Electrician's details

Name of company repairing item

Input field for company name.

Telephone no.

Input field for telephone number with parentheses for area code.

Address

Input field for address.

Postcode

Name of electrician or technician

Input field for electrician name.

Qualifications

Input field for qualifications.

ABN

Input field for ABN with colon separators.

Signature

Input field for signature.

Date

Input field for date with slashes for day and month.

Contact details

CGU Insurance

GPO Box 2852

Melbourne VIC 3001

13 24 80 (13 CGU 0)

claims@cgu.com.au

cgu.com.au



Insurer
CGU Insurance Limited
ABN 27 004 478 371