



Machinery Claim

The issue of this form does not constitute an admission of liability on the part of the insurer.

All original repair/replacement invoices/work sheets **MUST** be submitted to us with this claim as soon as practical.

Policy Number

Claim Number

Please complete all sections.

The Insured									
Full Name (Block Letters)		Surname				Given Name(s)			
Postal Address						State		Postcode	
Are you registered for GST?		No <input type="checkbox"/> Yes <input type="checkbox"/>		What is your ABN?					
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?				No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?					
				No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed					
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?				No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?					
				No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed					
Contact Numbers		Business ()			Private ()				
		Facsimile ()			Mobile				
Location of Equipment									
Are there any other insurances in force which would cover this loss in whole or in part?								No <input type="checkbox"/> Yes <input type="checkbox"/> – give details	
Name of Insurer						Policy Number		/ /	

Incident Details									
Day and Date of Incident				/ /					
Description of Item									
Details of Item									
Make					Type		Model		
Serial No.					Year Manufacture			HP/KW	
What happened?									
Is there any loss from this incident?								No <input type="checkbox"/> Yes <input type="checkbox"/> – give details	
Invoice Total		\$		Amount Claimed		\$			

The Repairer

Name of Repairer

Did the Repairer travel to your premises?

No Yes – Distance Travelled

Km(s)

Repairer's Report (To be completed by Repairer)

Details of Repairer and Service Charges

Please indicate Yes or No if the following were repaired/replaced due to Electrical or Mechanical Damage.

Item of Plant	No	Yes – Give Details	Repair Replacement Cost
Motor – Repair	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
Bearings	<input type="checkbox"/>	<input type="checkbox"/>	\$
Shafting	<input type="checkbox"/>	<input type="checkbox"/>	\$
Electrical Controls	<input type="checkbox"/>	<input type="checkbox"/>	\$
Compressor – Repair	<input type="checkbox"/>	<input type="checkbox"/>	\$
	<input type="checkbox"/>	<input type="checkbox"/>	\$
Auxiliary Fan	<input type="checkbox"/>	<input type="checkbox"/>	\$
Flushing/Recharging with Refrigerant	<input type="checkbox"/>	<input type="checkbox"/>	\$
Electrical Controls	<input type="checkbox"/>	<input type="checkbox"/>	\$
Auxiliary Equipment	<input type="checkbox"/>	<input type="checkbox"/>	\$
			\$
Other Repairs	<input type="checkbox"/>	<input type="checkbox"/>	\$
			\$
TOTAL			\$

Signature of Repairer

X

Licence Number

Date

/ /

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Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and Policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact the Compliance Manager on 02 9375 4656 or email compliance.manager@qbe.com for further information.

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

- I/We understand the claim may be refused if information is not true or is withheld.
- I/We authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1.

X

Date

/ /

Signature of Insured 2.

X

Date

/ /

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

Return the completed form to your Financial Services Provider or mail to QBE Insurance, GPO Box 4229, Sydney NSW 2001.