



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?	<input type="text"/>	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	%	<input type="text"/>	<input type="text"/>
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	<input type="text"/>	%	<input type="text"/>	<input type="text"/>
Contact Numbers	Business ()	Private ()			
	Facsimile ()	Mobile			
Location of Equipment <input type="text"/>					
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 <input type="text"/>			Policy Number <input type="text"/>		

INCIDENT DETAILS

Day and Date of Incident / /

Description of Item

Details of Item

Make Type Model

Serial No. Year of Manufacture HP/KW

What happened?

INCIDENT DETAILS (continued)

Is there any other loss from this incident?

No Yes – 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"/>	\$
– Replacement	<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"/>	\$
– Replacement	<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 Licence Number Date / /

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PRIVACY

The QBE Privacy Promise Brochure explains what sort of personal information we collect and hold about you and what we do with that information. Please contact your Financial Services Provider to obtain a copy of the QBE Privacy Promise Brochure. A copy of the brochure may also be obtained from any QBE Commercial office or from our website at www.qbecommercial.com

DECLARATION AND AUTHORISATION

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

I understand the claim may be refused or reduced if information is withheld.

I authorise that QBE Insurance (Australia) Limited 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. Date / /

Signature of Insured 2. Date / /

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

This Policy is underwritten by QBE Insurance (Australia) Limited ABN 78 003 191 035 of 82 Pitt Street, Sydney.