



Guardian Underwriting Services Pty Ltd

ABN 21 051 930 105 AFS Licence 255319

137 Moray Street South Melbourne 3205

Telephone 03 8699 8800

Facsimile 03 8699 8810

insure@guardianunderwriting.com.au

Machinery Claim Form

Policy Number:		Expiry Date	
Insured:			
Address:			
Occupation:			
Telephone (private)		Telephone (work)	
Telephone (mobile)		E Mail address	
Tax Status:	Registered <input type="checkbox"/> Yes <input type="checkbox"/> No		Taxable %

THE APPLIANCE OR MOTOR

Type of Appliance (Motor etc)			
Maker's Name?		Model	
Appliance purchased from		Serial No	
Date of purchase		Purchase Price	
Has this motor fused previously			<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the motor under Manufacturer's Warranty?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details			

DETAILS OF LOSS OR DAMAGE

Please state the date of damage		Time	<input type="checkbox"/> AM <input type="checkbox"/> PM
Place and/or premises where it occurred			
Where can the motor be inspected?			
Cause of Damage?			
Have you paid the repair account?			<input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", Amount	\$	To Whom	

INSURED'S DECLARATION

The information and answers given are true in every detail and no information has been withheld. I understand that the claim may be refused if information is withheld or false, misleading, untrue or concealed. I authorise Guardian Underwriting Services Pty Ltd 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 during the course of this contract. I further authorise Guardian Underwriting Services Pty Ltd to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit, insurance or claims history that predates this contract.

Signed		Date	
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REPAIRERS REPORT (TO BE COMPLETED BY THE REPAIRER)					
Important: Detailed accounts must be forwarded with costs for each item on repairers official invoice.					
Name of customer					
Make of Motor		kW			
		Serial No			
Type of appliance & Brand Name		Age of appliance			
Age of Motor (if not original)		RPM			
Has this motor fused previously					<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the motor under Manufacturer's Warranty?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Details of Damage					
Cause of damage					
<p>Please indicate whether destruction or damage to any part or parts of the electrical machines, installations or apparatus was caused by the actual burning out of such part or parts by the electric current therein.</p> <p>NB Open circuits, worn or damaged bearings or any other mechanical faults are not covered by this insurance</p>					
MOTOR REPAIRS (not sealed units)					
Windings – Slator		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Windings of Rotor or Armature (please indicate		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Brushes		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Bearings (give details and reason for same)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Switch Gear		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
MOTOR REPAIRS (sealed units)					
Motor Repairs		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Compressor		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
If replacement unit fitted state trade-in allowance an old unit		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Auxiliary Fan Motor		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Electrical Controls		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Filter/Dryer		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Flushing and recharging with refrigerant		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Refrigerant gas type		Quantity			
Auxiliary Equipment (describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
Other repairs (describe)		<input type="checkbox"/> Yes <input type="checkbox"/> No	\$		
REPAIRERS SIGNATURE					
Name of repairer					
Address		Postcode			
Business		Facsimile		Mobile	
Repairer's Signature		Date			

WHAT TO DO

- 1 Please complete all sections of this form (state N/A if not applicable). Ensure that the insured has signed this form.
- 2 Send this form to Guardian Underwriting Services Pty Ltd
 - 137 Moray Street South Melbourne Vic 3205, or
 - Fax 03 8699 8810 or
 - insure@guardianunderwriting.com.au
- 3 Obtain two quotations for repairs and email, fax or mail it to us.
- 4 You must tell us about and send us a copy of any notice, letter, claim, writ or summons as soon as possible after you receive it

DISPUTES

Guardian has developed an internal procedure for dispute resolution so that if at any time our products or services have not met your expectations You or an Insured Person can contact Us.

Our Complaints and Disputes Resolution procedures will refer the complaint to senior management for review and a response within 15 working days.

If this does not resolve the issue or You or an Insured Person are not satisfied with the way a complaint has been dealt with, we will provide You with access to the Lloyd's General Representative in Australia who can review Your complaint.

If You or an Insured Person are still dissatisfied, the complaint may be referred, at no cost to you, to the Insurance Ombudsman Service operated by Insurance Ombudsman Service Limited under the terms of the General Insurance Code of Practice.

PRIVACY

Guardian Underwriting Services Pty Ltd has always protected the privacy of personal information of our valued clients. The standards by which we handle this personal information have now been set by the Privacy Act and the National Privacy Principles (NPP), which came into effect on 21st December 2001.

All Staff, Broker Representatives, Agents and Contractors have agreed to hold all information in confidence and not use it for any purpose except to carry out the service they are providing. We do not sell or share names, addresses or any other information with third parties, except to the extent necessary to complete our obligations as an Underwriting Agency or as stated in this document.

How & why do we require your Personal Information

We collect information either directly from the relevant individuals or in some cases, from third parties. They may provide information for someone else requiring the benefit of the services that we offer, such as a nominated driver, director or officer or other staff member.

The information is collected to allow us to provide our insurance services including to arrange and place insurance cover, assess and underwrite risks, and to properly administer your claims.

What we expect of you

When you provide us with information about other individuals, we rely on you to have made, or make them, aware that you will or may provide their information to us, the types of third parties we may provide it to, the relevant purposes we and the third parties will use it for and how they can access it. If it is sensitive information, we rely on you to have obtained consent to the above. If you have not done these things, we expect you to tell us before you provide the relevant information. If you collect, use, disclose, or handle personal information on our behalf, or receive it from us, you & your representatives must meet the relevant requirements of the NPP set out in the Privacy Act 1988 and only use and disclose it for the purposes we agree to.

Transfer of information overseas

We may transfer your personal information overseas where it is necessary to provide our service. Some insurers or reinsurer's are based overseas and we need to provide your personal information to them to arrange your cover.

Opting out

We regularly distribute to our clients information about our products & services, such as newsletters, which we believe may be of interest to you. If you do not wish to receive this additional information, please contact our office.