



HSB AUSTRALIA

Policy No.:	_____
Claim No.:	_____

Equipment Breakdown Claim Notification

1. The Insured

Name of Insured _____

Tax Status: ABN _____ ITC percentage on premium for this policy section _____

Postal Address _____

City _____ State _____ Postcode _____

Contact Name _____ Telephone _____

Facsimile _____ Mobile _____

2. Incident Details

Reported by _____ Representing (i.e. Broker, Insured) _____

Date: _____ Time: _____ Telephone _____

LOCATION _____

Date of Incident _____ Time of Incident _____

Details of damaged item(s): _____

Type	_____	Make	_____
Model	_____	Serial No.	_____
Year of Manufacture	_____	HP/KW Rating	_____

Incident, including cause and circumstances:

3. Repairs

Have repairs commenced? **No** **Invoiced / Estimated Cost** \$ _____

Name of Repair Company _____

Address _____

Contact Name _____ Telephone _____

Please attach invoices if repair complete.

The issue and/or acceptance of this Form is not in itself an admission of liability on the part of HSB Australia.