

engineering claim form



Policy No.

Expiry Date / /

Claim No.

Section 01 details of policyholder

Full Name

Address

Telephone No. B/H

()

Telephone No. A/H

()

State

Postcode

Section 02 goods and services tax (This section must be completed for ALL claims)

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST purposes?

No

Yes

What is your ABN

If you registered and have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?

No

Yes

Is the amount claimed less than 100% of the GST applicable to the premium?

No

Yes

Specify the percentage amount claimed

%

Section 03 details of plant / appliance

Brand name and type of plant / appliance

Date of Purchase

/ /

Purchase price

\$

Is the damaged item under any warranty?

No

Yes

If Yes, please give details of warranty and your claim against the manufacturer

Location of plant/appliance and damaged parts

Are you the sole owner of the plant / appliance?

Yes

No

If No, please give details of other interested parties

When was the plant / appliance installed?

/ /

Section 04 details of claim

Briefly state what happened and how the damage was caused

Is the motor / machine repairable?

No

Yes

If Yes, and motor / machine has been replaced, please give the reason why it was not repaired

Section 04 details of claim (continued)

Have repairs commenced?

(i) Yes No If No, please state why

(ii) If Yes, state name, address and telephone of repairer

State Postcode
Telephone No ()

When did the damage occur?

Date / / Time am/pm Cost of Repairs \$

Have you paid the repairer? No Yes Please attach a copy of the repairer's invoice(s)

Section 05 details of refrigerated goods

Please complete this section if a claim is being made for deterioration of refrigerated goods in cold chambers due to breakdown.

Has the company been notified of the loss? No Yes

Have the damaged goods been disposed of? No Yes

If yes, who authorised the disposal?

Please list the damaged refrigerated goods on the last page of this form together with the supplier's invoice and your receipt from the Health Department and/or the receipt of disposal.

Section 06 declaration

I/We declare the above claim information to be true and correct to the best of our knowledge and belief.

Signature(s) of policyholder(s) Date / /
 Date / /

**The attached report should be completed and signed by the repairer.
Failure to answer all questions and have the repairers section completed may delay processing of your claim.**

Branch in Australia – Please return to Construction & Engineering Claims

60 Margaret Street
Sydney NSW 2000
Locked Bag 25 DX 10282
Australia Square NSW 1215 Sydney Stock Exchange

Telephone 02 9295 4310
Facsimile 02 9295 4470

Section 07 this page is to be completed by the repairer

Name of Insured			Details of damage	
<input type="text"/>			<input type="text"/>	
Make of motor/machine			<input type="text"/>	
<input type="text"/>			<input type="text"/>	
HP	<input type="text"/>	Model	<input type="text"/>	<input type="text"/>
Voltage	<input type="text"/>	RPM (if driving a compressor)	<input type="text"/>	<input type="text"/>
Serial No.	Open or sealed type		<input type="text"/>	
<input type="text"/>	<input type="text"/>		<input type="text"/>	

Section 08 details of repairs and service charges

Electrical motor repairs

Rewind Costs				<input type="text"/>
				\$
If a new motor was fitted <i>(cost of replacement)</i>				<input type="text"/>
				\$
Estimated cost to rewind damaged item		<input type="text"/>		
Bearings <i>(tick reason for replacement)</i>	worn	<input type="checkbox"/>	damaged	<input type="checkbox"/>
				<input type="text"/>
Switchgear <i>(tick reason for replacement)</i>	worn	<input type="checkbox"/>	damaged	<input type="checkbox"/>
				<input type="text"/>

Refrigeration and air conditioning repairs

Sealed units	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Model No.	<input type="text"/>	<input type="text"/>
Semi Hermetic	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Model No.	<input type="text"/>	<input type="text"/>
Open compressors	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>			<input type="text"/>
							\$
If a New Item is fitted <i>(cost of replacement)</i>							<input type="text"/>
							\$
Estimated cost to fit a reworked item							<input type="text"/>
Auxiliary Fan	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>			<input type="text"/>
Electrical Controls <i>(tick reason for replacement)</i>	worn	<input type="checkbox"/>	damaged	<input type="checkbox"/>			<input type="text"/>
Flushing and charging with refrigerant	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>			<input type="text"/>
Auxiliary Equipment <i>(give details)</i>							<input type="text"/>

Mechanical plant

Materials Cost		<input type="text"/>
		\$
Additional Works		
General maintenance, replacement of worn parts etc.		<input type="text"/>
		\$

Labour and associated costs

Removal and reinstallation	<input type="text"/>
	\$
Hire of loan motor including installation and removal	<input type="text"/>
	\$
Details of overtime costs	<input type="text"/>
	\$
Transport costs	<input type="text"/>
	\$
Total	<input type="text"/>
	\$

Section 09 details of contractor

Full Name	<input type="text"/>		Address	<input type="text"/>	
Telephone No. B/H	<input type="text"/>	<input type="text"/>	<input type="text"/>		
			State	Postcode	
			<input type="text"/>	<input type="text"/>	
Signature	<input type="text"/>			Date	<input type="text"/>

