

FUSION/MACHINERY BREAKDOWN CLAIM FORM



Allstate Underwriting Agencies Pty Ltd (ABN: 51 121 066 180) is an authorised representative (AR No: 000306153) of Allstate Insurance Pty Ltd (ABN: 82 073 267 053; AFSL 239010)

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Section 1 - Insured Details

Full Name:

Policy No:

Contact Name:

Phone Number:

Contact Email:

Address:

ABN:

Are you registered for GST purposes? No Yes

Will the GST components related to this claim be claimed as an ITC?
 No Yes

Section 2 - Damage Details

Date of Loss:

Location of Damaged Machine:

Description of Damaged Machine:

Make:

Model:

Type:

Serial Number:

Year of Manufacture:

HP / KW:

What Happened:

Have you contacted the Power Provider to ascertain whether they accept responsibility for the damages claimed? No Yes

Estimated cost of Damage:

Section 3 - Spoilage of Frozen Goods

Do you have spoilage cover under this policy? No Yes

Did spoilage of frozen goods occur? No Yes

Where are the goods now:

What was the value of the goods:

Section 4 - Business Interruption

Do you have Business Interruption cover on this policy? No Yes

When did the machine stop:

What is your approximate daily turnover:

If you are incurring increased costs of working, what is the daily cost:

When do you anticipate repairs/replacement of machine will take place:

Section 5 - Other Particulars

Do you hold any other insurance under which a claim for this loss may be lodged? No Yes

Do you consider any other party responsible for the loss? No Yes

If Yes Please give details:

Are you the sole owner of equipment? No Yes

If No please give details:

Is the equipment under Manufacturer's warranty? No Yes

PLEASE ATTACH THE ACTUAL REPAIR ACCOUNT

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Section 6 – Repairers Report

Make of Motor:	HP:	Serial No:
Voltage:	RPM:	Open or Sealed:
Details of Damage:		
Cause of Damage:		

Repairer Costs

*Whilst we appreciate, and accept, that repairs may have been uneconomical please include details of the estimated cost of the repairs had they been carried out.

Details of repair and service charges	Total cost incl. GST
Motor - Repair	\$
Bearings, filters, dryer	\$
Flushing/Recharging with Refrigerant	\$
Expendable items (belts, fuses, switches, electrical contacts, seals etc.)	\$
Other mechanical and electrical repairs	\$
	\$
*Motor - Replacement - new/ reconditioned	\$
	\$
Labour charges	\$
	\$
Total	\$ 0.00
Repairers Name:	Company:
Repairers Signature:	Date:

Section 7 – Declaration

Funds Transfer

In order that we may transfer settlement funds direct to your account please provide your banking details.

Account Name:

Bank:

BSB:

Account Number:

I declare that the item claimed on this form is used solely for:

- Private/Domestic purposes Business purposes

1. I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.
2. I/We authorise Allstate to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.

Signature of Insured:

Date: