## Machinery Breakdown/Deterioration of Stock/Fusion Claim Form



The issue or acceptance of this form is not to be construed as an admission of liability

1. Your Details				
Policy Number	Do you consider any other party responsible for the loss? If "YES", please state why?			
Name of Insured	11 125, piedse state why:			
Contact person	Are you the sole owner of the property lost or VES NO damaged?  If "NO", give details of other owners or part owners			
Address Postcode	Do you hold any other insurances under which a claim for this loss may be lodged?			
Private Mobile	If "YES", please give details			
Business Facsimile				
	Name and type of appliance to which motor is attached			
Email	Who was it purchased from?			
Occupation				
Occupation	Date of Purchase Price			
Your Business' ABN What is your ITC% for this risk	\$			
What is your if C /r for this lisk	Is the motor under a manufacturers warranty? YES NO			
EFT details: Bank and branch	If "YES", has a claim been made under the warranty?			
ET L'ACTURE. DATRE ATTU DIATION				
BSB Account				
Account				
Account name:				
Account name.	2. Declaration			
Date of Loss Time	I/We certify that the information given in this form is truthful,			
/ /ampm	accurate and complete. No information likely to affect this claim heen withheld. I/We understand that this claim may be refused			
Where did loss occur?	information is untrue, inaccurate or concealed. I/We authorise SRG			
vinere did loss occur:	to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any			
Describe as fully as possible how loss occurred	claim in relation thereto.			
Describe as rany as possible new loss occurred	Signature Date			

REPAIRER TO COMPLETE Business name  Contact person  Contact person  A. Electrical Repairer's Report  Make of motor  hp  Serial No. Voltage mp  Pescription of goods  Quantity  Cost Amount dai  \$	3. Repairer's Contact Details Open or sea		sealed		Age	
Contact person  Cause of damage  Phone Email ( ) )	REPAIRER TO COMPLETE					
Cause of damage  Cause of damage  A. Electrical Repairer's Report  Make of motor  Make of motor  Make of motor  Description of goods  Compressor  S  Other repairs  PLEASE ATTACH ACTUAL REPAIR ACCOUNT  S  S  S  S  S  S  S  S  S  S  S  S  S	Business name	Details of damag	е			
Cause of damage  Cause of damage  A. Electrical Repairer's Report  Make of motor  Make of motor  Make of motor  Description of goods  Compressor  S  Other repairs  PLEASE ATTACH ACTUAL REPAIR ACCOUNT  S  S  S  S  S  S  S  S  S  S  S  S  S						
Phone ( )  4. Electrical Repairer's Report  Make of motor hp  Serial No. Voltage rmp  PLEASE ATTACH ACTUAL REPAIR ACCOUNT  Description of goods  Quantity  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Contact person					
Phone ( )  4. Electrical Repairer's Report  Make of motor hp  Serial No. Voltage rmp  PLEASE ATTACH ACTUAL REPAIR ACCOUNT  Description of goods  Quantity  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		Cause of damage	<del></del>			
A. Electrical Repairer's Report  Make of motor hp  Serial No. Voltage mp  Description of goods  Quantity  S  S  S  S  S  S  S  S  S  S  S  S  S	Phone Email		-			
Windings Compressor  Windings Compressor  Serial No.  Voltage mp  PLEASE ATTACH ACTUAL REPAIR ACCOUNT  S  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$  \$						
Serial No. Voltage rmp  Description of goods  Quantity  Cost Amount clair  \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	4. Electrical Repairer's Report		nount	Compresso	or	
Serial No. Voltage rmp  PLEASE ATTACH ACTUAL REPAIR ACCOUNT  Description of goods  Quantity  S  S  S  S  S  S  S  S  S  S  S  S  S	ake of motor hp \$			\$		
Serial No. Voltage rmp  PLEASE ATTACH ACTUAL REPAIR ACCOUNT  Description of goods  Quantity  S  S  S  S  S  S  S  S  S  S  S  S  S		Other repairs	Other repairs			
Description of goods  Quantity Cost Amount clair \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Serial No. Voltage rmp					
	Description of goods		Quantity	Cost	Amount claimed	
				\$	\$	
				\$	\$	
				\$	\$	
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\$ \$ \$ \$				\$	\$	
\$ \$				\$	\$	
				\$	\$	
Repairs having been completed to my satisfaction I hereby claim the amount of \$				\$	\$	
	Repairs having been completed to my satisfaction I hereby claim the amount of					
5. Declaration	5. Declaration					
I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We authorise SRG to go or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in rethereto.	withheld. I/We understand that this claim may be refused if infor obtain from, other insurers, credit reference service or other	formation is untrue, inacc	curate or concea	led. I/We autho	orise SRG to give to,	
Signature Date // /	Signature Date // /					

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