

Machinery Breakdown/Deterioration of Stock/Fusion Claim Form



insurance brokers
claims management

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

1. Your Details

Policy Number

Name of Insured

Contact person

Address Postcode

Private () Mobile

Business () Facsimile ()

Email

Occupation

Your Business' ABN What is your ITC% for this risk %

EFT details: Bank and branch

BSB Account

Account name:

Date of Loss Time am pm

Where did loss occur?

Describe as fully as possible how loss occurred

Do you consider any other party responsible for the loss? YES NO
If "YES", please state why?

Are you the sole owner of the property lost or damaged? YES NO
If "NO", give details of other owners or part owners

Do you hold any other insurances under which a claim for this loss may be lodged? YES NO
If "YES", please give details

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase Price \$

Is the motor under a manufacturers warranty? YES NO
If "YES", has a claim been made under the warranty?

2. Declaration

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. I/We authorise SRG to give to, or obtain from, other insurers, credit reference service or other interested parties, any information relating to me/us or any claim in relation thereto.

Signature Date

