

THE APPLIANCE OR MOTOR

Type of appliance (Motor, etc) _____

Maker's name _____ Model _____

Serial No. _____ KW watts _____

Voltage _____ RPM _____ Open/Sealed _____

Appliance purchased from _____

Date of purchase _____ Purchase price \$ _____ Replacement price \$ _____

Age of unit _____ Age of motor _____

Has the motor fused previously? No Yes

Is the motor under manufacturer's warranty? No Yes

If "yes", please give details _____

THE ACCIDENT

Date of damage _____ Time _____ am/pm Place _____

Details of damage _____

Cause of damage _____

Where can motor be inspected? _____

Have you paid the repair account? No Yes

If "yes", Amount: \$ _____ To whom _____

It is important to note that the company may not be liable for:

- Depreciation, loss of use, wear and tear, hire of loan motors.
- Replacement of worn and/or broken bearings or switchgear or other mechanical damage.
- Flushing or recharging refrigerant.
- Destruction or damage to: lighting or heating elements, fuses or protective devices, an electrical contact at which sparking or arcing occurs in ordinary working.
- Rectifier, radio, television, amplifying or electrical equipment of any description.

(If spoilage of frozen goods is insured)

Did spoilage of frozen goods occur? No Yes

What type of goods _____
(Please attach invoices)

Where are the goods now? _____

What was the value of the goods \$ _____

To avoid unnecessary delay in processing your claim, it is important that you attach documentation to support :

- **ownership of all property claimed, eg. Original invoices, owners manuals, photos, receipts, etc...**
- **the repair / replacement of your loss. Eg. Original invoices, receipts, etc... by trade suppliers / repairers – itemising the precise nature of their quotation or work under taken eg. Size, model, type, age, hours, cost of labour, parts, prices...**

PRIVACY

The Privacy Act 1988 requires us to tell you that we as broker and the insurer collect your personal and sensitive information in order to calculate your loss and entitlements, determine the insurer's liability, compile data and handle claims.

When handling claims we and the insurer may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents, or other parties as required by law.

Where you give us information about other persons you must have their consent to this and provide it on their behalf. If not, you must tell us.

You have the right to seek access to your personal information and to correct it at any time. Please contact us to advise if any changes are required.

DISPUTE RESOLUTION

Disputes are not an everyday occurrence. However insurers provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of that process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

DECLARATION

I/We the insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the policy and in no matter deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or misrepresentation and that the information shown on the form is true and the I/We have not concealed any information relating to this claim. I/We understand that this claim may be refused if the information is untrue, inaccurate or concealed.

Further it is understood and agreed that if any property claimed for is subsequently recovered in an undamaged condition I/We will immediately refund the company any sum which may have been paid to me/us in respect to such property. In the event of any property being recovered in damaged condition I/We will immediately hand the same over to the company for disposal as may be agreed.

I/We acknowledge that I/we have read and understood the Privacy Act information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim.

I/We acknowledge that if I/We do not agree to the collection of this personal and sensitive information, then the broker and the insurer will be unable to process my/our claim.

Insured's Signature _____ Date _____