

Machinery breakdown – fusion – deterioration of stock claim form

How to obtain a quick response to your claim:

1. Make sure that you fully answer all questions
2. Attach a quotation to repair and/or the original invoice for repair to your property
3. Provide documentation to substantiate the value of the items being claimed for deterioration of stock claims
4. Make sure you have read, signed and dated the declaration

SECTION 1

Insured details (please print)

Policy number	<input type="text"/>	Due date	<input type="text"/>
Name of Insured	<input type="text"/>		
Occupation	<input type="text"/>	Company ACN	<input type="text"/>
Address	<input type="text"/>		
Suburb	<input type="text"/>	State	<input type="text"/>
		Postcode	<input type="text"/>
Phone	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Fax	<input type="text"/>
Are you GST registered?	<input type="checkbox"/> Yes, ABN	<input type="text"/>	<input type="text"/>
	<input type="checkbox"/> No	<input type="text"/>	<input type="text"/>
What percentage of GST in your premium did you claim as an Input Tax Credit for the period of insurance in which this loss occurred?	<input type="text"/>	%	

Account details for EFT purposes:

Account name	<input type="text"/>	BSB	<input type="text"/>	Account number	<input type="text"/>
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Loss details

Date of incident	<input type="text"/>	Approximate time	<input type="text"/>	AM/PM
Where did incident occur	<input type="text"/>			

Describe as fully as possible how the incident occurred

Cause of damage

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

Do you have any other insurance under which a claim for this incident may be made? Yes No

When were the premises last occupied?

Name of Owner of the property lost/damaged

Name of any other interested party

Was the damage caused by person(s) other than the Insured, employees, or staff? Yes No

If Yes, state name and address

Name

Address

Has a claim been made against the(se) person(s)? Yes No

Date

Please attach separate sheet if insufficient room on the statement of claim below

Full Description of Goods (INCLUDING /MODEL NUMBER)	Quantity	Cost (\$)	Net Amount Claimed (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total amount claimed	<input type="text"/>	<input type="text"/>	<input type="text"/>

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SECTION 2

Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase Price \$

Is the motor under manufacturers warranty? Yes No

If 'YES' has a claim been made under the warranty?

Make of Motor hp Serial No

Voltage rmp Open or Sealed Age

Have repairs commenced? Yes No If Yes, date of commencement

Was quotation obtained before authorising repairs? Yes No Written or Verbal?

Name of Repairer Phone

Address of Repairer

Estimated Cost of Repairs (a) repairer \$ (b) others \$ (c) Total \$

Does repair entail express carriage or airfreighting of parts? Yes No

Is any other work, other than repairs necessitated by damage, being carried out whilst machine or property is dismantled for repair? Yes No

Are there to be, or was there, any repairs of a temporary nature carried out? Yes No

If so state nature thereof and reason therefore.

Duty of Disclosure

Before you enter into a contract of insurance, you have a duty under the Insurance Contracts Act 1984 (Cth) to disclose anything that you know, or could reasonably be expected to know, that may affect the insurer's decision to insure you and on what terms. You have that duty after proposal, and up until the time the insurer agrees to insure you. You have the same duty before you renew, extend, vary or reinstate a contract of insurance.

You do not need to tell the insurer anything that:

- reduces the risk that is insured;
- is common knowledge;
- your insurer knows or should know as an insurer; or
- the insurer waives compliance with your duty of disclosure.

If you are uncertain about whether or not a particular matter should be disclosed to the insurer, please contact your Aon Client Manager.

Non-disclosure

If you do not tell your insurer anything you are required to, the insurer may cancel your contract or reduce the amount that it is required to pay you if you make a claim, or both. If your failure to disclose is fraudulent, the insurer may refuse to pay a claim and treat the contract as if it never existed.

Declaration

Read carefully before signing.

I/We declare that the information supplied on this claim form is true in every respect. I/We consent to the use of my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my claim may not be able to be processed. * I consent to the disclosure of my personal information to other Insurers, an Insurance reference service or a required by law. I consent to also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

** This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.*

Signature

Date

Submit your claim

claims@oneunderwriting.com.au

Privacy policy. At One Underwriting we take privacy very seriously. For full details please refer to oneunderwriting.com.au/privacy

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