



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

1. Insured Details

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? ☐ Yes, ABN ☐ No

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? %

2. Account details for EFT purposes:

Account name number	<input type="text"/>	BSB	<input type="text"/>	Account	<input type="text"/>
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3. 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? If Yes, state name and address

Yes ☐ No ☐

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 (\$)

Total amount claimed			

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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? If so state nature thereof and reason therefore.

Yes ☐ No ☐

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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 CoverMe broker.

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

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.

By signing this form, you consent to us and the parties mentioned above collecting, using and disclosing personal and sensitive information about you for the purposes described above

Signature

Date

Submit your claim
assist@covermeinsurance.com.au

Privacy Policy - CoverMe take your privacy very seriously.
For full details please refer to
www.cbn.au/privacy-policy

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