

Engineering/Fusion Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

Claim Number _____

General Information

Name of insured _____

Contact person _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Email _____

Postal address _____

State _____ Postcode _____

Broker/Agent name _____

Telephone no. () _____

Policy no. _____

Excess \$ _____

Inception Date ____ / ____ / ____ Expiry date ____ / ____ / ____

Interested Parties

Is the vehicle being claimed for under a financial agreement? Yes No

Name of financier _____

Contract no. _____

GST

Are you registered for GST purposes? Yes No

ABN _____

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Particulars of Incident

Date ____ / ____ / ____ Time ____ AM / PM

Situation of insured machinery _____

State _____ Postcode _____

Cause of loss _____

Description of loss (Including stock deterioration, business interruptions, etc.) _____

Equipment Lost or Damaged

Type (e.g. refrigerator, compressor, computer) _____

Maker's name _____ Model _____

HP _____ Watts _____ Voltage _____ RPM _____

Purchase details New Secondhand

Age years _____

Date of purchase ____ / ____ / ____

Purchase price \$ _____

Name of supplier _____

Address of supplier _____

State _____ Postcode _____

New replacement value \$ _____

Sum insured \$ _____

Is equipment under warranty or maintenance contract? Yes No

If Yes, please attach a copy

Is there any other insurance on items? Yes No

If Yes, Insurer _____

Policy no. _____

Repairs

Have any repairs been carried out? Yes No

Provide written repair quotation

If Yes, nature of repairs Temporary Permanent

Will the item be replaced (because it cannot be repaired?) Yes No

If Yes, has it been replaced already? Yes No

Estimated cost of claim \$ _____ Less excess (if any) \$ _____

Total \$ _____

Food Spoilage

Did you want to claim for food spoilage? Yes No

If insufficient space, please attach a list

Item	Purchase Date	Value	Amount Claimed	ITC % Entitlement*
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	
	/ /	\$	\$	

*Please show the extent that a ITC can be claimed on each item.

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am-5pm, Monday to Friday.

IDR Statement

Disputes are not an everyday occurrence at Allianz. However we do 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 this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

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 acknowledge that I/we have read and understood the Privacy Act 1988 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, with their approval.

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

Signature of Insured _____ Date ____/____/____

Please arrange for repairer to complete report on this form (next page)

Repairer's Report

Details of Repairs to be Completed by Repairer

Name of repairer _____
Telephone no. () _____
Address _____
State _____ Postcode _____

Cost of Materials

Item	Amount	Item	Amount
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$
	\$		\$

Labour – ordinary rates No. hours _____ x Cost/Hr \$ _____ = Total \$ _____
Overtime – penalty rates No. hours _____ x Cost/Hr \$ _____ = Total \$ _____
Transport Freight \$ _____
Hire of loan machine Other \$ _____
Other charges \$ _____
Total cost of repair \$ _____

Electric Motor and Compressor Repairs

Maker's name		Model	Age	years
Open motor charges		Sealed unit charges		
Starter windings	\$	Starting relay	\$	
Field coils	\$	Overload relay	\$	
Rotor windings	\$	Capacitors	\$	
Armature windings	\$	Capillary line	\$	
Capacitors	\$	Filter/Dryer	\$	
Centrifugal switch gear	\$	Gas	\$	
Carbon brushes	\$	Compressor or unit labour	\$	
Bearings	\$	Dome fitted/Unit fitted	\$	

Describe other electrical repairs _____

Mechanical repairs \$ _____

Give details _____

Labour (remove & re-install)	\$	Overtime charges (excess over ordinary time)	\$
Transport	\$	Freight	\$
Labour (loan machine)	\$	Hire of loan machine	\$
Total	\$	Total	\$

Signature of Repairer _____ Date ____/____/____