



**BUSINESS
INSURANCE**

Machinery/Electronic Claim Form

THE COMPLETION OF THIS FORM AND ITS RECEIPT BY US IS NOT AN INDICATION THAT WE ACCEPT ANY LIABILITY.

PLEASE PRINT IN BLOCK LETTERS and answer all Questions where applicable (Provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space provided below is insufficient to advise all the details, please attach a separate sheet.

Claim No.

Policy No.

Expiry Date

Excess

TO BE COMPLETED BY THE INSURED

INSURED'S DETAILS

Name of Insured _____ Contact Person _____

Postal Address _____ Postcode _____

Telephone No. _____ Mobile No. _____ Facsimile _____

Email Address _____

Situation of Risk _____

- (1) Are you registered for GST? No Yes
- (2) What is your Australian Business Number (ABN)? No Yes
- (3) Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No Yes
If "yes", what is your percentage entitlement? _____ %
- (4) What was your 'Entitlement to an Input Tax Credit' (EITC%) on your premium payment for this policy? _____ %

DETAILS OF CLAIM (NOTE: Failure to supply information required may delay the processing of your claim)

- (1) What type of claim are you reporting? Machinery Boiler Explosion Refrigerated Stock Electronic Equipment
- (2) When did the damage or loss occur? Date ____/____/____ Time ____ am/pm
- (3) Where did the damage or loss occur? _____
- (4) How did the damage or loss occur? _____
- (5) Describe the cause and the circumstances leading to the damage or loss _____
- (6) Who discovered the damage or loss? Name _____
- (7) When was the damage or loss discovered? Date ____/____/____ Time ____ am/pm

DETAILS OF DAMAGED PROPERTY (NOTE: All damaged parts replaced must be kept for our inspection)

- (1) Describe the damaged property:

Type	Manufacturer	Model No.	Serial No.	Date of Purchase

- (2) Address where the damaged property can be inspected _____
- (3) Does any other party have a financial interest in the property? No Yes
If "yes", please state: Name _____
Address _____
- (4) Is the damaged property covered by a guarantee/warranty? No Yes
If "yes", please give details of company concerned: Name _____
Address _____
- (5) Is there any other insurance in force on the damaged property? No Yes
If "yes", please give details:
Name of Insurance Company _____ Policy number _____
- (6) Was there any unrepaired damage to the property before the loss or damage? No Yes
If "yes", please describe the damage: _____
- (7) Has the damaged property previously been repaired/replaced? No Yes
If "yes", Date of repair or replacement ____/____/____

NOTE: THE REPORT FORM ON PAGE 3 MUST BE COMPLETED AND SIGNED BY THE REPAIRER

TO BE COMPLETED BY THE INSURED

REPAIR DETAILS - MACHINERY, BOILER EXPLOSION OR ELECTRONIC EQUIPMENT

An ITEMISED AND COSTED Repairer's Quotation must be attached to enable us to assess your claim.

(1) Has the damage been repaired? No Yes
 If "yes", attach copy of repair invoice and ensure the repairer completes page 3 of this form.

(2) Was a quotation obtained? No Yes
 If "yes", indicate if it was: (a) verbal No Yes
 (b) written (please attach copy) No Yes

(3) Name of Repairer: _____ Telephone No. _____
 Contact Name _____
 Email Address _____

(4) If repaired, did the repairs entail:
 (a) penalty rates for overtime, night, holiday or shift work? No Yes
 (b) express charges or airfreight of parts? No Yes

(5) Have any repairs of a temporary nature been made? No Yes
 If "yes", please describe the repairs: _____

(6) While the plant is down, is any additional work being completed, other than the repairs as a result of the damage? No Yes
 If "yes", (a) describe repair work being completed which is not as a result of the damage: _____
 (b) Cost \$ _____

REFRIGERATED STOCK (When refrigerated stock is not kept for our inspection, written advice must be obtained from the appropriate local health authority, confirming their inspection and condemnation of the damaged goods. Please attach the advice to this form.) - TO BE COMPLETED IF OPTIONAL COVER IN PLACE.

(1) Give details of refrigeration system holding stock (e.g. Cool Room) _____

(2) Where can the damaged goods be inspected? _____

(3) Give details of all stock being claimed for. (Please attach Invoices for the (a) original purchase of damaged stock; and (b) purchase of stock that replaced the stock damaged.)

Description	Quantity	Date of Purchase	Name of Supplier	Actual Cost price	Amount claimed	ITC %

If insufficient space please attach separate list

ELECTRONIC EQUIPMENT

(1) Was the loss/damage due to burglary or theft? No Yes
 If "yes", please give details:
 (a) Police Station at which report was made and Police Report Number _____
 (b) Date reported _____ Time _____ am/pm

(2) Is this a claim for Loss of Information - Data Processing Media? No Yes
 If "yes", please give details: Time required _____ hours Estimated cost to reconstruct the data \$ _____

(3) Is this a claim for Increased Cost of Working? No Yes
 If "yes", please give details of the substitute equipment _____

(4) What is the estimated expenditure? \$ _____

DECLARATION

I/We declare that the said theft or loss occurred without my/our knowledge or consent.

I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.

I/We declare that the information supplied on this claim form is true in every respect.

I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or coecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy. Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website www.nrma.com.au/privacy or can be sent to you by contacting us on 132 132.

Signed _____ Date ____ / ____ / ____

