

### MACHINERY BREAKDOWN CLAIM

Claim Number

(Office use only)

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company. Form can be completed by typing into fields provided, or by printing it out and filling in by hand.

#### PLEASE FILL IN ALL RELEVANT SECTIONS ( PLEASE PRINT YOUR ANSWERS)

Name of Insured

Postal Address

Postcode

Occupation

Your Business' ABN

What is your ITC% for this risk

 %

Phone Number (Private)

 ( )

(Business)

 ( )

Policy Number

Date of Loss

 /  / 

Time

am/pm

Where did loss occur?

Describe as fully as possible how loss occurred

  
  


Do you consider any other party responsible for the loss?

YES ☐ NO ☐

If "YES", please state why?

  


Are you the sole owner of the property lost or damaged?

YES ☐ NO ☐

If "NO", give details of other owners or part owners

  


Do you hold any other insurances under which a claim for this loss may be lodged?

YES ☐ NO ☐

If "YES", please give details

  


Name and type of appliance to which motor is attached

Who was it purchased from?

Date of Purchase

 /  / 

Price

 \$

Is the motor under a manufacturers warranty?

YES ☐ NO ☐

If "YES", has a claim been made under the warranty?

  


CONTINUED NEXT PAGE

**ELECTRICAL REPAIRER'S REPORT**

Make of motor

hp

Serial No.

Voltage

rmp

Open or sealed

Age

Details of damage


Cause of damage


Repair costs - amount

Windings

Compressor

Other repairs

PLEASE ATTACH ACTUAL REPAIR ACCOUNT

DESCRIPTION OF GOODS	QUANTITY	COST	AMOUNT CLAIMED

REPAIRS HAVING BEEN COMPLETED TO MY SATISFACTION I HEREBY CLAIM THE AMOUNT OF

**DECLARATION**

I declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this claim has been withheld and that no other persons have an interest of any kind in the said property.

SIGNED

DATE