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## MACHINERY BREAKDOWN CLAIM FORM

BROKER: \_\_\_\_\_ POLICY No: \_\_\_\_\_

### IMPORTANT FACTS

#### Your Duty of Disclosure

Before You enter into a contract of general insurance with an insurer, You have a duty, under the Insurance Contracts Act 1984, to disclose to the insurer every matter which you know or could reasonably be expected to know, is relevant to the insurer's decision whether to accept the risk of the insurance and if so, on what terms. You have that same duty to disclose those matters to us before you renew, extend, vary or reinstate a contract of insurance.

Your duty however does not require disclosure of a matter:

- that diminishes the risk to be undertaken by the insurer;
- that is common knowledge;
- that the insurer knows, or in the ordinary course of business as an insurer, ought to know;
- as to which compliance with your duty is waived by the insurer.

#### Non-Disclosure

If you fail to comply with your duty of disclosure, the insurer may be entitled to reduce its liability under the contract in respect of a claim or may cancel the contract. If your non-disclosure is fraudulent, the insurer may also have the option of avoiding the contract from its beginning.

#### Co-Insurance

Section 1 - Specified Events contains a co-insurance clause. This means that we require you to insure for full value. If you do not do so and you are underinsured at the time of loss, we will pay less in the event of a claim. The amount we will pay is in the proportion that the sum insured bears to eighty (80%) per cent of the full value, subject to the specific conditions of the policy.

#### Underwriter

This policy is underwritten one hundred (100%) per cent by leading underwriters at Lloyd's of London. Lloyd's is an authorised insurer in Australia within the meaning of that term under the Insurance Act 1973.

#### Privacy

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim to only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives) and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

*For more information about our Privacy Policy, ask us for a copy.*

### POLICY HOLDER

Full Name: \_\_\_\_\_ Ph ( ): \_\_\_\_\_

Trading Name: \_\_\_\_\_ Your ABN: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_

What percentage of GST on Premium has been applied as an Input Tax Credit? \_\_\_\_\_%

## THE APPLIANCE OR MOTOR

Type of Appliance    Refrigerator       Washing Machine       Dishwasher       Air conditioner

Other  (Please specify) \_\_\_\_\_

Makers Name: \_\_\_\_\_ Model: \_\_\_\_\_

Serial No: \_\_\_\_\_ Age of Unit: \_\_\_\_\_ yrs

Age of Motor: \_\_\_\_\_ Has motor fused previously?    Yes     No

Prior to this loss was the motor:    New?     Second Hand?     Reconditioned?     Specify date of installation \_\_\_\_/\_\_\_\_/\_\_\_\_

Are You entitled to claim this loss under Your manufacturer's warranty?    Yes     No

If "Yes" please give warranty details: \_\_\_\_\_

## THE LOSS

When did the damage occur?    Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Time (am/pm) \_\_\_\_\_

Where did the damage occur?    Above Address     Other  (please specify)

Describe what happened to the appliance: \_\_\_\_\_

Where can we inspect the motor? \_\_\_\_\_

Have You paid the repair account?    Yes     No

If "Yes" advise amount and to whom    \$ \_\_\_\_\_

**Please attach Quote/Invoice to this Claim Form**

## DECLARATION AND SIGNATURE

I declare that the foregoing particulars are true and correct to the best of my knowledge and belief.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_    Signature of Insured: \_\_\_\_\_    Position held with company: \_\_\_\_\_

## REPAIRERS REPORT ( to be completed by the repairer)

Please provide details on the cause of the damage to the appliance: \_\_\_\_\_

If the motor fused, was it rewound/repaired?    Yes     No

If "No" please explain why: \_\_\_\_\_

Please detail charges below. Indicate Yes or No as to whether the costs relate directly to the actual burning out of such part/s by the electrical current therein.

**MOTOR REPAIRS (Not sealed units)**

Windings - Stator	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Windings of Rotor or Armature		\$ _____
Brushes	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Bearings (give details and reason for same)		\$ _____
_____		\$ _____
Switch gear	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____

**MOTOR REPAIRS (Sealed Units)**

Motor Repairs	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Compressor Repairs	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
If replacement unit fitted state trade-in allowance on old unit	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
_____		\$ _____
Auxiliary Fan Motor	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Electrical Controls	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Filter/Dryers	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Flushing and recharging with refrigerant	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
- Refrigerant gas type	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
- Quantity	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Auxiliary Equipment (describe)		\$ _____
_____		\$ _____

**OTHER REPAIRS (DESCRIBE)**

_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

**COMPLETE FOR ALL UNITS**

LABOUR (Removal and Reinstallation)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Hire of Loan Motor including installation and removal	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Details of overtime costs (excess over ordinary time)	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
Transport/freight costs	Yes <input type="checkbox"/> No <input type="checkbox"/>	\$ _____
<b>TOTAL</b>		<b>\$ _____</b>

Name of Repairer: \_\_\_\_\_

Address: \_\_\_\_\_ Post Code: \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Signature of Repairer \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**THE CLAIM FORM OVERLEAF MUST BE COMPLETED AND SIGNED BY THE INSURED**