

SUITE 8/374 CHURCH STREET, PARRAMATTA
NSW 2150 AUSTRALIA
P O BOX 4175, PARRAMATTA
NSW 2124 AUSTRALIA

TEL (02) 9890 3387
FAX (02) 9890 3525
INT. TEL (612) 9890 3387
INT. FAX (612) 9890 3525

- Until your claim is settled, all damaged and replaced parts must be kept for inspection by a company representative.
- Please answer the following questions in full so that your claim can receive prompt attention.

- If you elect to authorise repairs without our consent, it is your responsibility to pay the account and, where damage is covered by the policy, we will make the appropriate reimbursement.

THE INSURED

Full Name / Business Name _____

Address _____

Postcode _____

Business Phone No. _____

Private Phone No. _____

ABN No. _____

GST % Entitlement _____

THE APPLIANCE OR MOTOR (DAMAGED MOTOR)

Type of appliance (Motor etc.) _____

Maker's Name _____

Model _____

Serial No. _____

KW watts _____

Voltage _____

RPM _____

Open _____

Sealed _____

Appliance Purchased From _____

Date of Purchase _____ / _____ / _____

Purchase Price \$ _____

Replacement Price \$ _____

Age of Unit _____

Age of Motor _____

Has this motor fused before? _____

YES

NO

Is the motor under Manufacturer's Warranty? YES / NO If "Yes", please give details _____

THE ACCIDENT

Date of Damage _____

Time _____

am / pm

Place _____

Details of Damage _____

Cause of Damage _____

Where can motor be inspected? _____

Have you paid the repair account? YES / NO If "Yes", to whom? _____

It is important to note that the Company may not be liable for –

- Depreciation, loss of use, wear and tear, hire of loan motors
- Replacement of worn and/or broken bearings or switch gear or other mechanical devices
- Flushing or recharging refrigerant
- Destruction or damage to: Lighting or heating elements, fuses or protective devices, electrical contacts at which arcing occurs in ordinary working
- Rectifier, radio, television, amplifying or electrical equipment of any description

DECLARATION

The information and answers given above are correct to the best of my/ our knowledge. I/ we have not withheld any information

Signature _____

Date _____

THE FOLLOWING REPORT MUST BE COMPLETED AND SIGNED BY A LICENSED ELECTRICAL REPAIRER

Important: Accounts must be forwarded on repairer's official invoice, with costs for each item shown in detail.

1. Name of Customer _____
2. Make of motor _____
3. Type of appliance and brand name _____
4. Age of appliance _____
5. Details of damage _____
6. Cause of damage _____

DETAILS OF REPAIRS AND SERVICE CHARGES

Please indicate (by marking either box YES or NO) whether destruction or damage to any part or parts of the electrical machines, installation or apparatus was caused by the actual burning out of such part or parts by the electric current therein.

N.B. Open circuits, worn or damaged bearings or any other mechanical faults are not covered by this insurance.

MOTOR REPAIRS (not sealed units)

Windings - Stator _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Windings of Rotor or Armature (please indicate) _____			\$ <input style="width: 50px;" type="text"/>
Brushes _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Bearings (give details and reason for same) _____			\$ <input style="width: 50px;" type="text"/>
Switch gear _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>

MOTOR REPAIRS (sealed units)

Motor Repairs _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Compressor Repairs _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
If replacement unit fitted, state trade-in allowance on old unit _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Auxiliary Fan Motor _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Electrical Controls _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Filter / Dryer _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Flushing and recharging with refrigerant <input style="width: 150px;" type="text"/>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
- Refrigerant gas type _____	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
- Quantity _____			\$ <input style="width: 50px;" type="text"/>
Auxiliary Equipment (describe) _____			\$ <input style="width: 50px;" type="text"/>
Other repairs (describe) _____			\$ <input style="width: 50px;" type="text"/>

COMPLETE FOR SEALED / NOT SEALED UNITS

LABOUR (Removal and Reinstallation)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Hire of Loan Motor including installation and removal	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Details of overtime costs (excess over ordinary time)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>
Transport / freight costs	YES <input type="checkbox"/>	NO <input type="checkbox"/>	\$ <input style="width: 50px;" type="text"/>

NAME OF REPAIRER _____

Address _____

Postcode _____ Telephone _____

SIGNATURE OF REPAIRER _____ **DATE** _____

Ausnet – Privacy Document

As you are probably aware, new Privacy laws came into effect in Australia as from 21st December 2001. These laws give individuals the right to gain access to, or limit the use of their personal information.

When processing an application or other documents in relation to your insurances, personal information is collected to enable the processing or managing of your insurance.

We may pass this information on to proposed insurers, loss assessors, legal advisers, surveyors or other entities involved in arranging or managing your insurances. Each entity is also subject to strict restrictions in how they use your personal information.

You can request access to the personal information that we hold by contacting us at our Parramatta office, and providing details of what you would like to know or see.

On occasion we may need to provide information to an underwriter outside Australia so that underwriting or claims management decisions can be made.

If you do not give your consent to providing us with the personal information requested, we will be unable to process or manage your insurances for you.

Your signature on this claim form indicates that you have given your consent.