



# Machinery Breakdown and/or Deterioration of Refrigerated Goods Claim Form

Please ensure this form is completed for all Parts which apply to your claim.

The issue and acceptance of this form does not constitute an admission of liability by the Underwriter or a waiver of their rights.

**Please note if there is insufficient space** provided to fully answer any question, please attach an additional sheet of paper with the extra information as required. All such attachments will be subject to the Declaration on page 3.

**Please answer all questions.** Any question left unanswered or answered as known to broker or insurer or otherwise answered in an incomplete way may delay the processing of your claim.

## 1. Particulars of Insured

- (i) Your Claim Number: .....
- (ii) Policy Number:.....
- (iii) Name: .....
- (iv) Address.....
- (v) Telephone: Private: ..... Business: ..... Mobile:.....

## 2. The Damaged Machine/Apparatus:

<i>Description of Machine/Apparatus</i>	<i>Age</i>	<i>Serial No</i>
.....	.....	.....
.....	.....	.....
.....	.....	.....

## 3. The Accident:

- (i) Location: .....
- (ii) What was the day and date of the accident: .....
- (iii) Time of accident: .....

## 4. The Damage

Please provide details of the Damage: .....

## 5. Cause of Damage

Please provide details of the cause of the damage: .....

## 6. Location of Damaged Item for Inspection

.....

**7. Repairs**

- (i) Have repairs commenced?  Yes or  No
- (ii) Who authorised the repairs? .....
- (iii) What is the name of the repairer? .....
- (iv) Address of repairer: .....
- (v) Estimated cost of repairs: \$.....

**8. Third Party Damage**

- (i) Was damage caused by a third party?  Yes or  No  
 If Yes, please provide the following details:  
 Name(s): .....  
 Address: .....  
 Telephone Number: .....
- (ii) Has a claim been made against the Third Party?  Yes or  No

**9. Some of the property lost, stolen or damaged may be covered under other policies. Please list all other insurances which might cover these items:**

- (i) Name of Insurer: .....
- (ii) Policy Number:.....
- (iii) Type of Insurance: .....

**10. Where Refrigerated Goods are Insured and are damaged by the refrigeration system, list the goods that are affected as a result of electrical/mechanical breakdown. Attach details of the goods as follows:**

Description of Goods	Quantity or Amounts	Price paid or Value of Goods	Amount Claimed
.....	.....	\$.....	\$.....
.....	.....	\$.....	\$.....
.....	.....	\$.....	\$.....
.....	.....	\$.....	\$.....
.....	.....	\$.....	\$.....
.....	.....	\$.....	\$.....
.....	.....	\$.....	\$.....

**11. For Claim Settlement Purposes (In accordance with GST Legislation,) please advise your:**

- (i) Registered Business Name for this Policy: .....
- (ii) ABN Number: .....
- (iii) % of the GST in your Premium for this policy which you Claim as an Input Tax Credit for the Period of Insurance in which the loss occurred: .....%

**IMPORTANT NOTICES - To be read and completed by ALL CLAIMANTS**

**Privacy Statement**

Privacy – We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim 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, please ask us for a copy or visit our website.

**Our Complaints and Disputes Policy**

If you have a complaint about how we handle your claim please write to us and explain the basis of your complaint. We have an Internal Dispute resolution process to assist you. If you are not satisfied with our response, and wish to proceed with your dispute or complaint, you may contact Lloyd's Australia. They offer a no cost to you service and are totally independent and impartial. If your dispute remains unresolved they will advise you of any further dispute resolution facilities available to you. Details are available from Lloyd's Australia by phoning 02 9223 1433 or visiting their Website [www.lloydsaustralia.com.au](http://www.lloydsaustralia.com.au)

**Notes**

1. Please attach any other information which will assist us in our consideration of your claim.
2. Your Insurance adviser will advise you on where to send this claim form. If you have any doubts, you may contact us on 1800 682 366.

**Declaration**

I/We hereby declare that we have read and understood the Important Notices above and agree to them.

I/We hereby confirm that I/We have read this claim form and that the answers provided are in every respect true and correct and that I/We have not withheld any information relevant to consideration of the liability of this Policy for this claim.

I/We further confirm that if such information is in the writing of any person other than myself such persons shall be deemed to have been my Agent for the purpose of providing this information.

Signature of Claimant: ..... Date: .....

Signature of Policy Holder: ..... Date: .....

**Electrical Damage – Repairers Report**  
**(To be completed by the repairer)**

1. Name of Client: .....
2. Date of Repairs: .....
3. Make of damaged motor: ..... HP/KW: ..... Serial Number: .....
4. Details/Cause of damage: .....
5. Is there any replacement warranty on the damaged motor/unit?  Yes or  No
7. What is the replacement warranty on the new motor/unit? .....

**8. Details of Repairs and Service Charges**

(i) Motor Repairs (not sealed units as below)

- (a) Age of motor: ..... Cost \$ .....
- (b) Windings of Stator: ..... Cost \$ .....
- (c) Winding of Rotor or Armature: ..... Cost \$ .....
- (d) Brushes: ..... Cost \$ .....
- (e) Bearings (give details and reasons for change): ..... Cost \$ .....
- (f) Switch Gear: ..... Cost \$ .....

(ii) Sealed/Semi Sealed Units (On refrigeration/air conditioners)

- (a) Age of this damaged unit: ..... Years
- (b) Is the replacement unit a: Reconditioned unit?  Yes or  No  
 New unit?  Yes or  No
- (c) Brand name of new unit: .....
- (d) Refrigerant gas of:
  - Damaged unit: .....
  - Replacement unit..... amount used..... Cost \$ .....
- (e) Cost charged to upgrade the system to operate on Ozone friendly gases: .....  
 Please describe: .....

- (iii) Auxiliary fan (e.g.: condenser fan): ..... Cost \$ .....
  - (iv) Electrical controls: ..... Cost \$ .....
  - (v) Flushing refrigeration system: ..... Cost \$ .....
  - (vi) Auxiliary equipment: ..... Cost \$ .....
  - (vii) Other electrical/mechanical repairs: ..... Cost \$ .....
  - (viii) Removal and reinstallation: ..... Cost \$ .....
  - (ix) Hire of loan motor/appliance including installation and removal: ..... Cost \$ .....
  - (x) Details of overtime costs: ..... Cost \$ .....
  - (xi) Transport costs: ..... Cost \$ .....
- Total .....

Signature: .....

Date:.....

Name of Repairer: .....

Telephone No: .....