

MACHINERY BREAKDOWN - CLAIM FORM

The Issue of this form is not an admission of Liability.

TO BE COMPLETED BY THE INSURED			
JLT Contact/Ref:		Insurer:	
Policy No.:		Excess:	
INSURED'S DETAILS			
Name of Insured:			
Postal Address:			
State:		Postcode:	
Contact Name:		Telephone No.:	
E-mail Address:		Facsimile No.:	
If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page			
a) Are you registered for GST purposes? (Tick box applicable)		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what is your Australian Business Number (ABN)?			
b) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)		%	
NB: Insurers <u>cannot settle your claim</u> without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.			
FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT			
<input type="checkbox"/> Cheque - If you selected Cheque, nominate payee:			
<input type="checkbox"/> Direct Payment - If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)			
Bank:		Account Name:	
Branch Number:		Account Number:	
LOSS OR DAMAGE DETAILS			
Date of Damage			
Type and make of Appliance			
If refrigerator, state whether open or sealed unit:			
What is motor driving?			
Date of purchase			
New or second-hand?			
Is it under guarantee?			

LOSS OR DAMAGE DETAILS CONTINUED

Is it subject of a Hire Purchase Agreement?	
Where can the damaged motor be inspected?	
If you are registered for GST purposes, what percentage of the GST paid for the repairs or replacement are you entitled to claim as an ICT (if the GST paid and your ITC entitlement are the same amount, the answer to this is 100%)	%

REPAIR DETAILS

Is the damage repairable?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
State the estimated cost of repairs	\$	
State the amount being claimed AND ignore all remaining questions in this panel	\$	
Was a quotation obtained?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If Yes, was it a:	<input type="checkbox"/> VERBAL QUOTATION	<input type="checkbox"/> WRITTEN QUOTATION (ATTACH COPY)

DETAILS OF REPAIRER

Name:			
Contact:		Telephone:	
Have repairs commenced?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If yes, start date commenced?			
Name of authorising person:			
Indicate whether repairs will entail:			
<input type="checkbox"/> Penalty rates for overtime, night, holiday or shift work			
<input type="checkbox"/> Express charges or airfreight of parts			
Have any temporary repairs been made?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If Yes, describe the repairs below.			
Cost:			
Is any additional work, other than the repairs as a result of damage, being completed while the plant is down?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
If Yes, describe the other repair work below:			
Cost:			
Have you paid the repair account?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of insured or person with authority to sign for or on behalf of the insured:	
Date:	

MACHINERY BREAKDOWN – REPAIRERS REPORT

THIS REPORT MUST BE COMPLETED AND SIGNED BY THE ELECTRICAL REPAIRER.

Name of Customer:			
Make of Motor:		H.P:	
Serial No.:			
Type of Appliance:		Age:	

Details of damage:

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Cause of damage:

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DETAILS OF REPAIRS AND SERVICE CHARGES

Please indicate (yes/no) whether destruction or damage to any part or parts of the electrical machines, installations 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 (NON-SEALED UNITS)	YES/NO		AMOUNT
Windings or Stator:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Windings or Rotor or Amature:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Brushes	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Switch gear	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Bearings (give details and reason for same)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
SEALED UNITS	YES/NO		AMOUNT
Motor Repairs	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Compressor Repairs (If replacement unit fitted state allowance on old unit)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Auxiliary Fan	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Electrical Controls	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Flushing and recharging with refrigerant	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Auxiliary Equipment	<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$

ALL UNITS		YES/NO		AMOUNT
Other Repairs		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Removal and Reinstallation		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Hire of Loan Motor including installation and removal		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Details of Overtime Costs		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Transport Costs		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
TOTAL		<input type="checkbox"/> YES	<input type="checkbox"/> NO	\$
Signature:				
Date:				



JLT COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website (www.au.jlt.com). For further information contact your account executive or the JLT Privacy Officer:

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