

3. Where did the damage or loss occur?

Machinery/Electronic Claim Form

The completion of this form and its receipt by us is not an indication that Claim no. we accept any liability. applicable (Provide full and complete answers). If a particular question does not apply, please write "Nil" in the space provided. If the space Policy no. provided below is insufficient to advise all the details, please attach a separate sheet. Excess \$ To be completed by the Insured Insured's details Title Name of Insured Contact person Postal address Postcode Telephone no. Mobile no. Facsimile Email address Situation of risk 1. Are you registered for GST? Yes No 2. What is your Australian Business Number (ABN)? 3. Are you entitled to any Input Tax Credit (ITC) if you repair or replace the property damaged? No Yes If "yes", what is your percentage entitlement? 4. What was your 'Input Tax Credit' (ITC%) on your premium payment for this policy? Details of claim (Note: Failure to supply information required may delay the processing of your claim) 1. What type of claim are you reporting? Machinery Refrigerated stock Boiler explosion Electronic equipment 2. When did the damage or loss occur? Date DD / MM / YY Time a.m. p.m.

4.	How did the damage or loss occur?								
5.	Describe the cause and the circumstances leading to the damage or loss								
6.	Who discovered the damage or loss? Name								
7.	When was the damage or loss dis	covered?							
	Date D D / M M / Y Y	Time a.m.	p.m.						
D	etails of damaged property (N	lote: All damaged parts replaced mus	st be kept for ou	ur inspection)				
1.	Describe the damaged property:								
	Туре	Manufacturer	Model no.	Serial no.	Date of p	ourchas	se		
2	Address where the damaged prop	perty can be inspected							
	Address where the dumaged prop	ocity duli be inspected		Po	stcode				
3.	Does any other party have a finan	cial interest in the property?			No	Yes			
	If "yes", please state:								
	Name								
	Address								
	Address			Po	stcode				
				10.					
4.	Is the damaged property covered If "yes", please give details of co				No	Yes			
	Name	,							
	Address								
				Po	stcode				
5.	Is there any other insurance in for	ce on the damaged property?			No	Yes			
	If "yes", please give details: Name of Insurance Company			Policy num	nher				
	Name of madrance company			1 oney nam	ibei				
6.	Was there any unrepaired damage	e to the property before the loss or dama	ge?		No	Yes			
0.	If "yes", please describe the dam								
7.	Has the damaged property previo	ously been repaired/replaced?			No	Yes			
	If "yes", Date of repair or rep								

Repair details - machinery, boiler explosion or electronic equipment An ITEMISED AND COSTED Repairer's Quotation must be attached to enable us to assess your claim. 1. Has the damage been repaired? No Yes If "yes", attach copy of repair invoice and ensure the repairer completes pages 5-6 of this form. 2. Was a quotation obtained? No Yes If "yes", indicate if it was: a. verbal No Yes b. written (please attach copy) No Yes 3. Name of Repairer: Telephone no. Contact name Email address 4. If repaired, did the repairs entail: **a.** penalty rates for overtime, night, holiday or shift work? No Yes **b.** express charges or airfreight of parts? No Yes **5.** Have any repairs of a temporary nature been made? No Yes If "yes", please describe the repairs: 6. While the plant is down, is any additional work being completed, other than the repairs as No Yes a result of the damage? If "yes", a. describe repair work being completed which is not as a result of the damage: b. Cost \$ Refrigerated stock - to be completed if optional cover in place. (When refrigerated stock is not kept for our inspection, written advice must be obtained from the appropriate local health authority, confirming their inspection and condemnation of the damaged goods. Please attach the advice to this form.) 1. Give details of refrigeration system holding stock (e.g. Cool Room) 2. Where can the damaged goods be inspected? 3. Give details of all stock being claimed for. (Please attach Invoices for the a. original purchase of damaged stock; and b. purchase of stock that replaced the stock damaged.) Actual Amount Date of ITC % **Description** Quantity Name of supplier purchase cost price claimed \$

\$

E	lectronic equipment								
1.	Was the loss/damage due to burglary or theft?	No	Yes						
	If "yes", please give details:								
	a. Police Station at which report was made and Police Report Number								
	b. Date reported DD/MM/YY Time a.m. p.m.								
2.	Is this a claim for Loss of Information - Data Processing Media?	No	Yes						
	If "yes", please give details:								
	Time required hours Estimated cost to reconstruct the data \$								
3.	Is this a claim for Increased Cost of Working?	No	Yes						
	If "yes", please give details of the substitute equipment								
4.	What is the estimated expenditure?								
	\$								
D	Declaration								
I/V	Ve declare that the said theft or loss occurred without my/our knowledge or consent.								
I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.									
I/We declare that the information supplied on this claim form is true in every respect.									
I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or collecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.									
I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy. Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.									
Note: A copy of the Privacy Policy is on our website www.nrma.com.au/privacy or can be sent to you by contacting us on 132 132.									
Th	e document can be signed electronically, using the Adobe fill and sign feature.								
Sig	gned Date								
		/ M M	/ Y Y						

To be com	pleted by	v Repairer

Repairer's report for our consideration

(NOTE: All parts which have been replaced must be kept for our inspection)

Ple	ease fully complete the following								
1.	Name and Address of Insured								
	Address								
							Postcode		
2.	Date of damage DD / MM / YY								
	State the cause of the damage, if known by yo								
4	Did your firm do all the repairs?						No		Yes
	If "no", please state:						140		100
	a. Name of Repairer								
	b. Address								
							Postcode		
	c. Telephone d. En	nail							
5.	Please provide full details of the machine								
	Age Model Name of Manufacture		Description	Electric Motors - additional information req				quired	
	(yrs) No.	er	of item (motor etc.)	HP or watts	Voltage	RPM	Type (slip ring, so	quiri	el/cage)
	Full details of repairs								
	ltour Co						Cost		_
	Part/Operation (e.g. Motor, Compressor etc.)	R	Reason for repair/replacement				\$	С	ITC %
							٠		
							٠		

Total \$

ruii details of charges									
Item Part/Operation (e.g. Motor, Compressor	etc.)	Hours	\$	Rate c	\$	Cost c	ITC %		
Charges for removal and reinstallation		@		•		٠			
Labour charges for on site repairs		@				•			
Workshop labour charges		@				•			
Overtime charges		@				•			
Travelling charges		@							
Hire charges									
Transport (Freight) charges									
Please specify any other charges									
						•			
				Total	\$	٠			
Total Cost of Repairs and Charges \$									
The document can be signed electronically, using the Adobe fill and sign feature.									
Signature of Repairer					Date	:			
						D / M M	/ Y Y		
Name (please print)			Ph	one no.					