

## Engineering Plant Insurance Damage Claim Advice

### Policy Details

Insured Name: \_\_\_\_\_ Policy No: \_\_\_\_\_

Telephone No's: B/H ( ) \_\_\_\_\_ B/M ( ) \_\_\_\_\_

Name of Person for Assessor to contact: \_\_\_\_\_

Address where Damage occurred: \_\_\_\_\_

### Goods and Services Tax

Are you registered for GST Purposes? No  Yes

What is your ABN? 

--	--	--	--	--	--	--	--	--	--

Have you claimed an input tax credit on the GST amount applicable to this policy? No  Yes

Is the amount claims less than 100% of the GST applicable to the premium? No  Yes  Specify the percentage Amount claimed  %

Are you entitled to claim an input tax credit for repairs or replacement of your lost/damaged property? No  Yes

Is the amount claimed less than 100%? No  Yes  Specify the percentage Amount claimed  %

### Details of Damaged Electrical, Electronic or Mechanical items of Plant or Boilers or Pressure Plant

Name and type of damaged item \_\_\_\_\_

Date of Manufacturer \_\_\_\_\_ Purchased from: \_\_\_\_\_

Date of Purchase \_\_\_\_\_ Purchased price: \$ \_\_\_\_\_

Was damaged item purchased - (please tick appropriate box) New?  Second-hand?

Was damaged item used - (please tick appropriate box) For trade?  Privately?

Is there any other insurance current covering the damaged item? No  Yes  Give details below

Name of Insurer	Policy No.

Is the damaged item under warranty? No  Yes  Give details below

Details of warranty and claim against the manufacturer: \_\_\_\_\_

Has the damaged item been repaired previously No  Yes  Give details below

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

## Details of Claim

Briefly describe how the damage occurred:

---

---

---

Date and time of loss:  /    Cost of repairs: \$

Name and address of repairer:

---

---

## To be completed using repairer's assistance as appropriate

Details of motor:

Make	Model No.	Serial No.	HP	Voltage	R.P.M	Open/Sealed	Age

Details of damage:

---

Cause of damage:

Has an impedance test been done on all parts of the electrical circuit? No  Yes  Give results below

Has the damaged unit been retained? No  Yes  Give results below

Where can it be inspected?

Details of repair and service charges (please tick Y/N boxes to indicate whether destruction of or damage to any part(s) of the electrical machines, installations or apparatus was caused by the actual burning out of such part(s) by the electric current therein)

1. Motor Repairs (not sealed units)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Windings of stator	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Windings of rotor or armature	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Brushes	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Bearings (give details and reason for same)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>

Switch gear No  Yes  \$

2. Sealed Units

Motor Repairs	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Compressor repairs (if replaced unit is fitted, please state allowance on old unit)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>

---

Auxiliary fan	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Electrical controls	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Flushing and recharging with refrigerant	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Auxiliary equipment	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Other repairs (please specify)			

---

Removal and reinstallation	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Hire of loan motor including installation and removal of same	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Overtime costs	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
Transport costs	No <input type="checkbox"/>	Yes <input type="checkbox"/>	\$ <input type="text"/>
		<b>Total:</b>	\$ <input type="text"/>

---

Repairer's business name and address \_\_\_\_\_ Telephone No. ( ) \_\_\_\_\_

---

---

---

---

ABN \_\_\_\_\_

---

### Declaration

I declare that all statements made by me to this claim are correct and true in every respect

Taken and declared at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

Signature \_\_\_\_\_