

ELECTRICAL DAMAGE (FUSION) CLAIM FORM

THE INSURED

(To be completed by the Insured)

Full Name		Contact Details	Private:
Address			Business:
	Postcode		Mobile:
What is your Occupation, Trade or Profession? (including Part-Time)			Email:

DETAILS OF APPLIANCE (e.g. washing machine, refrigerator)

<ul style="list-style-type: none"> • Please give name and type of appliance <input style="width: 100%; height: 20px;" type="text"/> N.B: If appliance is a swimming pool pump, please indicate if the pools is above or below ground. <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> • Date of Manufacture • Please state from whom purchased <input style="width: 100%; height: 20px;" type="text"/> • Date of Purchase <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> • Purchase Price including GST <input style="width: 50px;" type="text"/> \$ • Input Tax Credit claimed on purchase <input style="width: 50px;" type="text"/> \$ • Was appliance purchased? (i) new <input type="checkbox"/> (ii) second-hand <input type="checkbox"/> • Was appliance used for? (i) trade <input type="checkbox"/> (ii) private <input type="checkbox"/> 	<ul style="list-style-type: none"> • Is there any other insurance current covering the appliance? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES', please give details <input style="width: 100%; height: 20px;" type="text"/> • Is the motor under warranty YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES' please give details of warranty and your claim against the manufacturer <input style="width: 100%; height: 20px;" type="text"/> • Has the appliance been repaired previously? YES <input type="checkbox"/> NO <input type="checkbox"/> If 'YES' please give details of previous repairs and date <input style="width: 100%; height: 20px;" type="text"/>
---	---

DETAILS OF CLAIM

<ul style="list-style-type: none"> • Please state briefly how damage occurred <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> 	<ul style="list-style-type: none"> • Date and time loss <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> am pm • Name and address of repairer <input style="width: 100%; height: 20px;" type="text"/> • Cost of repair including GST <input style="width: 50px;" type="text"/> \$ • Input Tax Credit claimed / to be claimed <input style="width: 50px;" type="text"/> \$
--	--

DETAILS OF DETERIORATION OF FROZEN FOOD

(please complete this section if a claim is being made for deterioration of frozen food)

<ul style="list-style-type: none"> • Please state briefly how damage occurred <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> <input style="width: 100%; height: 20px;" type="text"/> 	<ul style="list-style-type: none"> • Have the damaged goods been disposed of? YES <input type="checkbox"/> NO <input type="checkbox"/> N.B.: Please attach a listing of damaged goods to this claim form together with invoices and receipts, if available, also details of cost of the goods and where purchased.
--	--

DECLARATION

I declare that all statements made by me in relation to this claim are correct and true in every respect.	
Signature of Insured <input style="width: 90%; height: 20px;" type="text"/>	Date <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>

Report to be Completed by Repairer

• Details of Motor:

(i) Make

(ii) Serial No. (ii) H.P.

(iv) Voltage (v) R.P.M.

(vi) Open or Sealed (vii) Age

• Details of Damage

• Details of repairs and service charges

• Cause of Damage

• Was an impedance test done on all parts of the electrical circuit? YES NO

If 'YES', please indicate result

• Has the damaged unit been retained? YES NO

If 'YES', please indicate where it can be inspected

MOTOR REPAIRS (NOT SEALED UNITS)	Indicate (yes/no) whether destruction or damage to any parts of parts the electrical machines, installations or apparatus was caused by the actual burning out of such part or parts by the electric current therein.			
	Yes/No	Purchase price inclusive of GST	less ITC's claimed on such items	\$ Amount claimed
Windings of Stator.....				
Windings of rotor or Armature.....				
Brushes				
Bearings (give detail and reason for same).....				
.....				
Switch Gear.....				
SEALED UNITS.....				
(a) Motor Repairs				
(b) Compressor Repairs				
If replacement unit fitted state allowance on old unit (\$.)				
Auxiliary Fan.....				
Electrical Controls				
Flushing and recharging with refrigerant.....				
Auxiliary Equipment				
Other repairs				
.....				
Removal and Reinstallation				
Hire and Loan Motor including Installation and Removal.....				
Details of Overtime costs				
Transport costs.....				
		TOTAL		

• Business Name, Address and telephone No.

Signature of Repairer

Date / /