



Property Claim Report

IMPORTANT INFORMATION

Please ensure this Form is completed in all Parts applicable to your claim. The Privacy Consent on the back, must be completed for all claims. Supporting documentation required is detailed below. The issue and acceptance of this Form does not constitute an admission of liability by the Company or a waiver of its rights.

Insurance and Policy Details

Insured (Surname, Company or Partnership)

Policy Number

Address:

Telephone: Home: Business:

Mobile Email

Situation of Insured Property:

Broker Details: Name: Phone:

Electronic Funds Transfer Details

Following ACE approval of your claim, your claim benefits will be transferred directly into your bank account. Please provide the following details:

Name of Financial Institution: Account Name:

BSB Number: Account Number:

GST Information

(a) Are you registered for GST Purposes? Yes No

(b) What is your Australian Business Number (ABN)?

(c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) in respect to the GST paid on the insurance policy under which this claim is being made? Yes No

(d) IF **YES**, what percentage of the GST did you claim or are you entitled to claim? %
(if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)

9. Is the Property repairable? Yes No

If Yes, attach a quote for the repairs

If No, attach original receipts, valuations, quote for replacement or a certification from an authorised repairer that the item is unrepairable.

10. Do you owe money on the property lost, stolen or damaged? Yes No

Lender's name: Approx amount owing: \$

Address: Postcode:

11. Some of the property lost, stolen or damaged may be covered under other policies.

Please list any other insurance you have which might cover these items.

Name of insurer Policy No: Type of Insurance:

Privacy Consent - Claim Assessment

Protection of My Privacy Acknowledgement and Consents

By signing this form I agree that ACE Insurance Limited ABN 23 001 642 020 ('ACE') and third parties such as my insurance broker, claims reference services, government organisations (for example social security agencies or taxation offices), any forensic accountant retained by ACE, my employers (past and present), my accountant, any business which provides information about the commercial activities of persons and if I am or have been bankrupt, the trustee of my estate ('the Parties') may exchange with each other any information about me, excluding health or other sensitive information, including:

- Any information provided by me in relation to my claim;
- Any other personal information I provide to any of them or which they otherwise lawfully obtain about me;
- Any information relating to this insurance or any other insurance held by me or on my life, including terms and conditions and claims history;
- Details of my employment, including position, period of employment, remuneration, hours worked and duties performed; and
- Any information relating to my income and solvency.

I agree that any information referred to above can be used by the Parties and any Service Provider (as identified below) for assessing the claim or my entitlement to benefits and, if the claim is accepted, for administration of the claim and for planning, product development and research purposes.

I agree that ACE may exchange my personal and/or sensitive information, for the purposes of assessing the claim or my entitlement to benefits with:

- Any investigator appointed by ACE to investigate the claim;
- The Health Record Holders;
- The Health Insurance Commission;
- Other insurers;
- Reinsurers;
- Any private or government organisation which investigates fraud including the police; and
- Any witness identified by me.

If I have identified any person as a witness, I agree to ensure that each person is made aware that:

- I have identified him/her as a witness in relation to the claim;
- ACE holds a record of their personal information for this purpose; and
- He/she may contact ACE or request access to his/her information, by calling 1800 815 675.

If ACE engage anyone (a 'Service Provider') to do something on its behalf (for example technology providers) then I agree to them exchanging any information referred to above, with each other.

I understand ACE might give any information referred to above to entities other than the Parties, the Service Providers, the Health Record Holders and the other persons/organisations referred to above where it is required or allowed by law or where I have otherwise consented.

I understand that I can access** most personal information that members of ACE Insurance Limited hold about me (sometimes there will be a reason why that is not possible, in which case I will be told why).

I understand that if I fail to provide any information requested in this form, or do not agree to any of the possible exchanges or uses detailed above, ACE may be unable to assess the claim.

** To find out what sort of personal information ACE have about you, or to make a request for access, please telephone 1800 815 675.

Signature of Claimant

Date

Signature of Witness

Date

FUSION CLAIM FORM

Name and type of Appliance

Horsepower of Machine

Date of Purchase

Is it under guarantee?

<input type="text"/>	<input type="text"/>	<input type="text"/>
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If a Motor, or Controlling Device, state purpose for which Motor is used

Nature of Loss or Damage

Cause of Loss or Damage

If, in your opinion, the Loss or Damage was caused by the negligence of anyone, state by whose negligence it was caused

Estimated Cost of Repairs \$

Is the property under Hire Purchase?

Yes No

If Yes, which company?

Is the property on loan to you?

Yes No

If Yes, by whom?

Was the property otherwise insured?

Yes No

If Yes, state name of company?

Signature of Insured

Date

NOTE: The report overleaf must be completed and signed by the electrical repairer.

Electrical damage (fusion) – repairer's report**TO BE COMPLETED BY THE REPAIRER**Name of Customer

Make of Motor	HP	Serial No
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type of Appliance	Age
<input type="text"/>	<input type="text"/>

Details of Damage Cause of Damage **Details of repairs and service charges**Please indicated (**Yes/No**) whether destruction or damage to any part or parts of the electrical machines, installation or apparatus was caused by the actual burning out of such part or parts by the electric current therein.**Note:** Open circuits, worn or damaged bearings or any other mechanical faults are not covered by this insurance.**Motor Repairs (Not sealed units)**

			\$
Windings of Stater	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Windings of Rotor or Armature	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Brushes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Bearings (Give details and reason for same)	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Switch gear	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

Sealed Units

Motor Repairs	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Compressor Repairs	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

If replacement unit fitted, state allowance of old unit

Auxiliary Fan	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Electrical Control	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Flushing and recharging with refrigerant	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Auxiliary Equipment	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Other Repairs	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Removal and Reinstallation	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____
Hire or Loan Motor including installation and removal	<input type="checkbox"/> No	<input type="checkbox"/> Yes	_____

Details of Overtime Costs Transport Costs **Total:** _____Electrician's Licence No Signature of Insured Date / /