

machinery and computer claim form

If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Claim Number

Dear Insured,

Please complete and return to Vero Construction and Engineering Claims at one of the addresses below. Also, please assist us by obtaining full itemised **repair/replacement quotations for the property which has been damaged.**

For Vic, Tas, SA and NT

Level 10, 15 William St
Melbourne VIC 3000

PO Box 294, Collins St West
Melbourne VIC 8007

DX 273, Melbourne

Telephone: 03 9245 8111

Facsimile: 03 9245 8027

Email: engineeringclaims@vero.com.au

Website: www.veroengineering.com.au

For NSW, ACT, Qld and WA

Level 11, 60 Margaret St
Sydney NSW 2000

Locked Bag 25
Australia Square NSW 1215

DX10282, Sydney Stock Exchange

Telephone: 02 9295 4310

Facsimile: 02 9295 4470

Email: engineeringclaims@vero.com.au

Website: www.veroengineering.com.au

Section 1 insured and policy details

Full name of insured

Postal address

Policy Number

State

Postcode

Telephone B/H

Telephone A/H

Mobile

Facsimile

Email

Section 2 goods and services tax (This section must be completed for ALL claims)

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.

Are you registered for GST purposes? No Yes What is your ABN?

If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy?

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

Section 3 details of plant / appliance

Brand name and type of plant / appliance

Date of purchase

Purchase price

HP

Model

Age

Are you the sole owner of the plant/appliance?

Yes No If No, please give details of other interested parties

Is the damaged item under any warranty?

No Yes If Yes, please give details of warranty and your claim against the manufacturer

Location of plant/appliance and damaged parts

When was the plant / appliance installed?

Section 6 this page is to be completed by the repairer

Name of Insured				Details of damage		
Make of motor/machine						
HP	<input type="text"/>	Model	<input type="text"/>	Age	<input type="text"/>	
Voltage	<input type="text"/>	RPM (if driving a compressor)	<input type="text"/>	Cause of damage		
Serial No.				Open or sealed type		

Section 6a details of repairs and service charges

Electrical motor repairs

Rewind Costs					\$	<input type="text"/>
If a new motor was fitted (cost of replacement)					\$	<input type="text"/>
Estimated cost to rewind damaged item					\$	<input type="text"/>
Bearings (tick reason for replacement)	worn	<input type="checkbox"/>	damaged	<input type="checkbox"/>	\$	<input type="text"/>
Switchgear (tick reason for replacement)	worn	<input type="checkbox"/>	damaged	<input type="checkbox"/>	\$	<input type="text"/>

Refrigeration and air conditioning repairs

Sealed units	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Model No.	<input type="text"/>	\$	<input type="text"/>
Semi hermetic	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Model No.	<input type="text"/>	\$	<input type="text"/>
Open compressors	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>			\$	<input type="text"/>
If a new item is fitted (cost of replacement)							\$	<input type="text"/>
Estimated cost to fit a reworked item							\$	<input type="text"/>
Auxiliary fan	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>			\$	<input type="text"/>
Electrical controls (tick reason for replacement)	worn	<input type="checkbox"/>	damaged	<input type="checkbox"/>			\$	<input type="text"/>
Flushing and charging with refrigerant	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>			\$	<input type="text"/>
Auxiliary equipment (give details)							\$	<input type="text"/>

Mechanical plant

Materials Cost					\$	<input type="text"/>
Additional works					\$	<input type="text"/>
General maintenance, replacement of worn parts etc.					\$	<input type="text"/>

Labour and associated costs

Removal and reinstallation					\$	<input type="text"/>
Hire of loan motor including installation and removal					\$	<input type="text"/>
Details of overtime costs					\$	<input type="text"/>
Transport costs					\$	<input type="text"/>
Total					\$	<input type="text"/>

Section 6b details of contractor

Full name of repairer				Address		
Telephone No. B/H	()					
Email				State	Postcode	
Signature				Date	/ /	

Section 7 privacy statement

The Privacy Act 1988 (Cth) (as amended) requires us to inform you that:

Purpose of collection

We collect personal information (this information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purpose of:

- providing insurance services to you;
- evaluating your application for insurance;
- evaluating any request for any amendment to any insurance provided;
- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and if covered, managing claims made in relation to any insurance you have with us or other companies within the group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- other companies within the group,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claims investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at Vero Insurance Limited, 465 Victoria Avenue, Chatswood NSW 2067.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement issued

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

For personal claimants

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- obtaining personal information from, other parties, including those shown in the privacy statement, for any of these purposes.

For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to

- disclose to you personal information about that person and to consent to its use for the purposes shown in the privacy statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Section 8 declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation above.

I/We declare that the answers I/We have given in this claim form and information I/We have supplied to Vero is true and correct and that I/We have not withheld any information relevant to this claim. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Policyholder name 1	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Policyholder name 2	<input type="text"/>	
Signature	<input type="text"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>