

Machinery & Electronic Equipment Damage Claim Form

AIB AUSTRALIA

Please complete and return via Email, with supporting documentation including fully completed Repair Report from Repairer.

GENERAL DETAILS	
Broker's Reference No	<input type="text"/>
Policy No	<input type="text"/>
Expiry Date of policy	<input type="text"/>
Insured / Company Name	<input type="text"/>
Name of person for Contact	<input type="text"/>
Telephone	<input type="text"/> Fax <input type="text"/>
Email	<input type="text"/>
GST Details	Registered for GST <input type="checkbox"/> Yes <input type="checkbox"/> No ITC entitlements <input type="text"/> %
	ABN <input type="text"/>
Date of Loss	<input type="text"/>
Location of damaged equipment (Street, Suburb, P/Code)	<input type="text"/> Postcode <input type="text"/>
Description of damage to Machine	<input type="text"/>

DESCRIPTION OF EQUIPMENT LOST OR DAMAGED		
Type of Equipment (refrigerator, compressor computer)	Make	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>
Year	Serial Number	HP / KW
<input type="text"/>	<input type="text"/>	<input type="text"/>
Purchase Price		
<input type="text"/>		
Is under warranty?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Is the property repairable? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have Repairs been carried out?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Will item be replaced? (if cannot be repaired) <input type="checkbox"/> Yes <input type="checkbox"/> No
Estimated cost of Repairs / Replacement		
<input type="text"/>		

PLEASE COMPLETE IF INSURED FOR LOSS OF REFRIGERATED GOODS

Do you wish to claim for Spoilage of Refrigerated Goods?

Yes No

Please list the details of Items

Description of Item	Quantity	Cost	Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

If you need additional space, please attach a list describing each item.

ADDITIONAL SPACE IF NEEDED

SIGNATURE & DECLARATION

I/we certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/we understand that this claim may be refused if information is untrue, inaccurate or concealed.

Signature of Applicant

Date

SETTLEMENT BY DIRECT DEBIT

Some Insurers offer settlement by Direct Debit into your Bank Account.

If this option is available with your insurer and you wish to take this option please provide your bank account details below.

Account Name

Bank

BSB

Account Number

PLEASE ATTACH FULLY COMPLETED REPAIRER'S REPORT TOGETHER WITH QUOTES FOR REPAIR OR REPLACEMENT (IF NOT REPAIRABLE)