



ELECTRICAL DAMAGE CLAIM FORM

INSURER: Farmers' Mutual Insurance Limited
(ARBN 063 244 995) incorporated in New Zealand
Phone: 02 6041 2611
Fax: 02 6021 4435
Email: aust.claims@fmg.co.nz
Australian Financial Services - Licence No. 238275

Issuing Office:
FMG Insurance
PO Box 828
ALBURY NSW 2640

Warning: Failure to supply true or correct information may result in your claim being declined.

OFFICE USE ONLY			
Claim No.:	Excess: \$	Client No:	Policy No:.....
Due Date:	Item No:.....	Sect:	Sum Insured: \$

TO ALLOW US TO SETTLE YOUR CLAIM AS QUICKLY AND EFFICIENTLY AS POSSIBLE:

1. Please fully complete the claim form.
2. A licensed electrical repairer must also complete and sign the attached **Electrician's Report**.
3. Please attach any other relevant documentation.
4. Please keep the damaged parts until your claim is settled. We may need to inspect them.

PLEASE NOTE

WE WILL REPAIR, REPLACE OR REINSTATE THE DAMAGE AT OUR OPTION.

SECTION 1: DETAILS OF INSURED	
1. Full Name:
2. Full Address:
Telephone Nos: Business:.....	Private:
Fax:	Mobile:
Email
3. Occupation:
4. Business Address:
5. Have any of the repairs been paid for?: Yes / No	If Yes, please indicate on the account that payment has been made.

SECTION 2: GST DETAILS

1. Are you registered for GST Purposes?

No Yes → What is your A.B.N.?

2. Have you claimed or will you be claiming an input tax credit on the GST amount applicable to this policy?

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

3. Are you entitled to claim an input tax credit for repairs or replacement of the damaged item(s)?

No Yes → Is the amount claimable less than 100%? No Yes → Specify the percentage
amount claimed.....%

SECTION 3: DECLARATION OF LOSS

1. The precise place the loss/damage took place:.....

2. Date of loss/damage Time:

3. Describe the damaged item:

- Type of item (e.g. washing machine, air conditioner etc.)
- Manufacturer
- Year of Manufacture.....
- Model number
- Serial number

4. When was the item purchased?:

- Date purchased
- Purchased new or second hand?

5. Has the item been repaired previously for similar damage?:

No Yes → If yes, when was the item previously repaired?

6. For what purpose was the item being used? Domestic Business

7. Is the item under manufacturer's guarantee or warranty?

No Yes → Please indicate if from purchase date or from last repair

- Name and address of guarantor
- Approximate amount owing under warranty

8. Do you owe money on the damaged item?

No Yes → If yes, please supply lender's name and address.....

Was there any loss of frozen food as a result of the breakdown? No Yes → If yes, please supply itemised list.

(If insufficient space, please provide list on a separate sheet and forward with claim form)

List of Damaged Items	Amount Claimed	List of Damaged Items	Amount Claimed
.....
.....
.....
.....

SECTION 4: THE PRIVACY ACT 1988

The Privacy Act 1988 requires us to tell you that we are collecting personal and other information so that:

- We can process your claim.
- We can calculate your loss.
- Determine our liability.
- Compile information for future product development.
- Handle your claim efficiently.

This may also mean that we are required to disclose your personal and other information to third parties such as other insurers, assessors, investigators, agents, or as required by law.

You have the right to have access to your personal information at anytime and to correct this information if required. This can be done by contacting us on (02) 6041 2611 during normal office hours.

SECTION 5: DECLARATION

I/We declare that the information provided is true and correct.

I/We acknowledge that I/we have read and understood the information concerning the Privacy Act 1988, detailed above. I/we agree for FMG Insurance to collect, store, use, and disclose my/our personal and sensitive information. I/we acknowledge that the collection of this information is a requirement to allow FMG Insurance to process my/our claim.

Insured's Signature Date

ELECTRICAL DAMAGE - ELECTRICIAN'S REPORT

If the repairs are uneconomical and the item needs to be replaced,
kindly provide a quotation below itemising the repairs that would have been required.

We will repair, replace or reinstate the damage at our option.

Customer's Name: Repair Quotation

Item needing repair Manufacturer

Date of Manufacture Model Number

Serial Number of Item Make of motor/generator

Power KW/HP Age..... Serial number of motor.....

Details of Damage

.....

.....

.....

.....

Breakdown of Repair and Service Charges

(If replacement of the motor, generator or sealed unit is recommended, show the amount allowed on the old unit in the replacement unit panel below)

Motor/Generator parts

Winding of

- Stator
- Armature
- Brushes
- Bearings
- Capacitor
- Switch Gear

Actual cause of damage (e.g. fused, worn, broken)	\$ Amount Charged
Sub Total	

Sealed unit parts

- Motor
- Compressor
- Ancillary fan
- Electrical Controls
- Auxiliary equipment
- Refrigerant (flushing & recharging)

Actual cause of damage (e.g. fused, worn, broken)	\$ Amount Charged
Sub Total	

Replacement Unit

Cost of Replacement Unit

Less amount allowed on old unit

Sub Total

\$ Amount Charged

Other parts

Parts not described above (e.g. circuit breakers, mechanical items, casings, seals)

Sub Total

\$ Amount Charged

Service Charges

\$ Amount Charged

Sub Total

Electrician's Details

Name of Company repairing item:.....

Address:

.....

Telephone: Fax:

Name of Electrician or Technician:.....

Qualifications:.....

Signature: Date: