



Fusion Claim Form

CLAIM No. _____

Policy No. _____ Expiry Date: _____

THE INSURED

Full Name _____

Postal Address _____

Telephone No. _____

Fax No. _____

DETAILS OF LOSS OR DAMAGE

Date of Happening ____/____/____

Place of Happening _____

How did the loss or damage occur _____

Make, Type & Function of Unit _____

Is the appliance under warranty? **Yes / No** If 'Yes', state warranty details _____

Size or H.P. of Unit _____ Approximate Age of Unit _____ years. Date of last repair ____/____/____

AMOUNT CLAIMED

\$ _____ (detailed Invoice from Repairer must be supplied and rear of this form completed by the Repairer.)

GST (please complete this section. If you believe this does not apply to you, please write **n/a** for each answer)

My/Our input tax credit entitlement for GST on my/our premium is _____%.

My/Our ABN is: _____ Note: If you are a business and you do not provide us with your ABN, we may have to withhold tax on payments we make under your claim.

The *Privacy Act* 1988 requires us to tell you that as an agent for an insurer we collect your personal and other information in order to calculate your loss entitlements; determine our liability; compile data; and handle claims.
When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents etc. or as required by law.
You have the right to seek access to your personal information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm, Mon-Fri and advise us of the changes. If you do not agree to the collection of your personal information then we will be unable to process your claim.
Should you wish to obtain more information about Allianz's privacy policies, please contact us and ask for a copy of the brochure called '*National Privacy Principles*'

DECLARATION

* I/We acknowledge that the answers and information on this form are true and correct.

* I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that St George Underwriting Agency, as agents for Allianz Australia Insurance Ltd will be able to process my/our claim.

Signature of Insured _____

Date ____/____/____

THIS POLICY DOES NOT COVER:

1. Loss of use, depreciation, wear and tear.
2. Electrical contacts at which sparking or arcing occurs in ordinary working.
3. Lighting or heating elements, fuses or protective devices.

PLEASE NOTE THAT NO CLAIM CAN BE SETTLED UNLESS ALL QUESTIONS ARE ANSWERED AND THE BACK OF THE FORM IS COMPLETED BY THE ELECTRICIAN

**PARTICULARS OF DAMAGE AND CHARGES FOR THE CONSIDERATION OF THE
COMPANY'S ELECTRICAL ENGINEER**

Particulars of Appliance:

Maker's Name _____ H.P. or Watts _____ Serial No. _____

Name of Appliance (Motor etc) _____ Voltage _____ R.P.M. _____

Type (Slip ring, Capacitor, Split phase, Series etc) Sealed or Semi Sealed _____ Frame No. _____

Details of Damage

Cause of Damage _____ Age of Motor ____ / ____ / ____

Did Equipment show signs of deterioration

Show details of repairs, also Service Charge as follows:-

CHARGES

Stator Windings _____

Field Coils _____

Rotor Windings _____

Armature Windings _____

Condenser _____

Centrifugal Switch Gear _____

Carbon Brushes _____

Other Electrical Repairs (Give details and reason for same) _____

Bearings (Give details and reason for same) _____

Other Mechanical Repairs (Give details and reason for same) _____

Labour charge for removal and reinstallation of aforesaid appliance (if any) _____

Transport Charges (if any) _____

If charge for removal and installation of Loan Motor _____

If hire on Loan Motor _____

Any other charges (please give details) _____

TOTAL \$

Did your firm actually do the repairs? **YES / NO**

If 'NO', please give name of Repairer

Signature of Contractor _____ Date ____ / ____ / ____

Contractor's Address