

Machinery claim

QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545



The issue of this form does not constitute an admission of liability on the part of the insurer

All original repair/replacement invoices/work sheets must be submitted to us with this claim as soon as practical

Policy Number

Claim Number

Please complete all sections.

The insured

Full name (Block letters)	Surname <input type="text"/>		Given name(s) <input type="text"/>		
	Postal address <input type="text"/>			State <input type="text"/>	Postcode <input type="text"/>

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

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy? No Yes – Will you be claiming an amount less than 100%? No Yes – Specify amount claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? No Yes – Will you be claiming an amount less than 100%? No Yes – Specify amount claimed %

Contact details	Business <input type="text"/> (<input type="text"/>)	Private <input type="text"/> (<input type="text"/>)
	Facsimile <input type="text"/> (<input type="text"/>)	Mobile <input type="text"/>
Location of equipment <input type="text"/>		

Are there any other insurances in force which would cover this loss in whole or part? No Yes – Give details

Name of insurer Policy number

Incident details leading to the claim

Day and date of incident	<input type="text"/> / <input type="text"/> / <input type="text"/>		
Description of item	<input type="text"/>		
Details of item	<input type="text"/>		
Make	Type <input type="text"/>	Model <input type="text"/>	
Serial No.	Year Manufacture <input type="text"/>	HP/KW <input type="text"/>	
What happened?	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		

Is there any loss from this incident? No Yes – Give details

Invoice total	\$ <input type="text"/>	Amount claimed	\$ <input type="text"/>
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