

# **MACHINERY BREAKDOWN CLAIM FORM**

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company. Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.

To avoid a delay in processing your claim. please attach all original repair invoices, receipt or quotes to this form.

## 1. YOUR DETAILS

Name of Insured	<input type="text"/>		
Policy Number	<input type="text"/>	Expiry Date	<input type="text"/>
Postal Address	<input type="text"/>		
Town	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Email Address	<input type="text"/>		
Phone Number	<input type="text"/>	ABN Number	<input type="text"/>
Are you registered for the GST? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What percentage of the GST charged on this policy are you entitled to claim as an Input Tax Credit			<input type="text"/> %

## 2. INCIDENT DETAILS

Occurrence Date	<input type="text"/>	Time	<input type="text"/>
Location	<input type="text"/>		
Town	<input type="text"/>	State	<input type="text"/>
		Post Code	<input type="text"/>
Please Describe What Happened	<input type="text"/>		
Cost of repairs	<input type="text"/>	Have repairs been completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of repairer	<input type="text"/>		

Are you claiming for deterioration of stock? ☐ Yes ☐ No If Yes, please attach supporting documents and a list with details

## 3. EQUIPMENT DETAILS

Equipment Type	<input type="text"/>		
Make	<input type="text"/>	Model	<input type="text"/>
		Age of Unit	<input type="text"/>
Serial Number	<input type="text"/>	HP/KW	<input type="text"/>
Are you the sole owner of the equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the unit covered by warranty? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## 4. 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.

I/We authorise BizCover Pty Ltd and/or The Hollard Insurance Company Pty Ltd to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me/us.

Insured/s Signature	<input type="text"/>
Date	<input type="text"/>