

machinery and computer claim form

If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Claim Number	Policy Number
To notify us of your claim please either: 1. Call 1300 888 073 to speak to a Claims Professional who will be happed. Complete this claim form, attach any documents and send it to:	by to lodge your claim over the phone, or
GPO Box 3999 18 Jamison St Facsimil Sydney 2001 Sydney 2000	e: 1300 710 929 Email: engineeringclaims@vero.com.au
Section 1 insured and policy details	
Full name of insured	Postal address
Email	State Postcode
Telephone B/H	Telephone A/H
Mobile	Facsimile ()
On the Control of the	detail)
Section 2 goods and services tax (This section must be completed for ALL	ciaims,
To ensure you do not incur any unnecessary GST liabilities on your claim	n please complete these details.
Are you registered for GST purposes? No Yes	What is your ABN?
If you have an ABN, have you claimed or are you entitled to claim an In	
No Yes Is the amount claimed less than 100%	No Yes Specify the percentage %
of the GST applicable to the premium?	amount claimed
Section 3 details of plant / appliance	
Brand name and type of plant / appliance	Date of purchase / /
HP Model Age	Purchase price \$
Is the damaged item under any warranty?	Are you the sole owner of the plant/appliance?
No Yes If Yes, please give details of warranty and your claim against the manufacturer	Yes No If No, please give details of other interested parties
Location of plant/appliance and damaged parts	
	When was the plant / appliance installed?
Vero Construction and Engineering is a division of	

Vero Insurance Limited ABN 48 005 297 807 V1407 15/02/10 A

Section 4 deta	ails of claim					
When did the I	loss/damage occur?		Cost of repairs	\$		
Date		Time	Is the motor/machine repa	irable?		
/ /	/	am/pm	No Yes I	f Yes, and motor / mach	nine has been	
Briefly state w	that happened and how	w the loss/damage was caused	r	replaced, please give the		
Briony state W	That happened and he	w the loss/durriage was dadeed	i	t was not repaired		
Have repairs of	nommonood?					
No U	Yes state na	me, address and telephone of repa	airer			
Telephone No)		Email L			
Have you paid	d the repairer?	No Yes Please	e attach a copy of the repairer's	invoice(s)		
Section 5 pay	ment details					
				A/	120	
- For faster	r payment, provide yo	ur bank details for a direct credit to y	our nominated bank account. \	vve cannot deposit into a	a credit card account.	
Name of bank						
Branch						
Account holde	er					
		Account num	obor DDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDDD			
A notification will be issued to you when the claim payment has been electronically deposited.						
			electronically deposited.			
Send che	eque to my postal add	dress.				
Section 6 deta	ails of refrigerated goo	ods				
Please complet	te this section if a clain	n is being made for deterioration of ref	rigerated goods in cold chambe	rs due to breakdown.		
Has Vero been	notified of your loss?		No Yes			
Have the damaged goods been disposed of? No Yes If yes, who authorised the disposal?						
Trave the damaged goods been disposed or:						
Please list the d	damaged refrigerated g	goods together with the supplier's invo	pice and your receipt from the He	ealth Department and/or i	the receipt of disposal.	
Number	Unit weight/size	Description of Goods		Unit Cost	Total cost	
	weight/size			\$	\$	
If there is not	enough space please	continue on a separate sheet		Total	\$	

Section 7 this page is to	be completed by the repairer					
Name of Insured			Details of da	amage		
NASIS of market describes						
Make of motor/machine						
HP	Model Age					
Voltage	RPM (if driving a compressor)		Cause of da	ımage		
Serial No.	Open or sealed type					
Section 7a details of rep	airs and service charges					
Electrical motor repair	rs					
Rewind Costs						\$
If a new motor w	as fitted (cost of replacement)					\$
Estimated cos	t to rewind damaged item					\$
Bearings (tick	reason for replacement)		worn	damaged		\$
Switchgear (ti	ck reason for replacement)		worn	damaged		\$
Refrigeration and air of	conditioning repairs					
Sealed units		No .	Yes	Model No.		\$
Semi hermetic		No .	Yes	Model No.		\$
Open compressors		No 🗌	Yes			\$
If a new item is f	tted (cost of replacement)					\$
Estimated cos	t to fit a reworked item					\$
Auxiliary fan		No .	Yes			\$
Electrical cont	rols (tick reason for replacement)	,	worn	damaged		\$
Flushing and o	charging with refrigerant	No .	Yes			\$
Auxiliary equip	oment <i>(give details)</i>					\$
Mechanical plant						
Materials Cost						\$
Additional works						
General maintenand	ce, replacement of worn parts etc.					\$
Labour and associated	d costs					
Removal and reinst	allation					\$
Hire of loan motor i	ncluding installation and removal					\$
Details of overtime	costs					\$
Transport costs						\$
·					Total	\$
Continue The shate it as for	trootor					
Section 7b details of confusion Full name of repairer	tractor		Address			
Tuil name of repairer			Audiess			
Tolophono No. D. II.	()					
Telephone No. B/H	,			State		Postcode
Email				Sidle		OSIOOUG
Cignoture					ato /	/
Signature				D	ate/	

Section 8 privacy statement

The Privacy Act 1988 (Cth) (as amended) requires us to inform you that:

Purpose of collection

We collect personal information (this information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) from or about you, for the purpose of:

- providing insurance services to you;
- evaluating your application for insurance;
- evaluating any request for any amendment to any insurance provided;
- issuing, administering and managing the insurance provided following acceptance of an application; and
- investigating and if covered, managing claims made in relation to any insurance you have with us or other companies within the group.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

When necessary and in connection with the purposes listed above, we may disclose your personal information to, and/or receive some personal information from:

- · other companies within the group,
- your insurance intermediary or our agent,
- Government bodies, loss assessors, claims investigators, reinsurers,
- other insurance companies, mailing houses, claims reference providers, legal and other professional advisers,
- other service providers, hospitals, medical and health professionals.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information we hold about you by contacting us at Vero Insurance Limited, Level 18, 36 Wickham Terrace, Brisbane QLD 4000.

In some circumstances we may not agree to allow you access to some or all of the personal information we hold such as when it is unlawful to give it to you. In such cases we will give you reasons for our decision.

Privacy Statement issued

Vero Insurance Limited, Level 18, 36 Wickham Terrace, Brisbane QLD 4000.

For personal claimants

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- · obtaining personal information from, other parties, including those shown in the privacy statement, for any of these purposes.

For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to

- disclose to you personal information about that person and to consent to its use for the purposes shown in the privacy statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Section 9 declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation above.

I/We declare that the answers I/We have given in this claim form and information I/We have supplied to Vero is true and correct and that I/We have not withheld any information relevant to this claim. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Policyholder name 1				
Signature	Date (/	/	
Policyholder name 2				
Signature	Date (/	/	