



Machinery Claim

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				Given Name(s)					
Postal Address							State	Postcode		
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	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 <input type="checkbox"/>			Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?						
	No <input type="checkbox"/>			Yes <input type="checkbox"/> – 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 <input type="checkbox"/>			Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?						
	No <input type="checkbox"/>			Yes <input type="checkbox"/> – Specify amount claimed			%			
Contact Numbers	Business	()				Private	()			
	Facsimile	()				Mobile				
Location of Equipment										
Are there any other insurances in force which would cover this loss in whole or in part?									No <input type="checkbox"/>	Yes <input type="checkbox"/> — give details
Name of Insurer							Policy Number	/	/	/

Incident Details										
Day and Date of Incident			/	/						
Description of Item										
Details of Item										
Make				Type				Model		
Serial No.				Year Manufacture				HP/KW		
What happened?										
Is there any loss from this incident?										
									No <input type="checkbox"/>	Yes <input type="checkbox"/> — give details
Invoice Total	\$				Amount Claimed	\$				

The Repairer

Name of Repairer			
Did the Repairer travel to your premises?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	— Distance Travelled <input type="text"/>
			Km(s)

Repairer's Report (To be completed by Repairer)

Details of Repairer and Service Charges
Please indicate Yes or No if the following were repaired/replaced due to Electrical or Mechanical Damage.

Item of Plant	No	Yes — Give Details	Repair Replacement Cost
Motor — Repair	<input type="checkbox"/>	<input type="checkbox"/>	\$
— Replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$
Bearings	<input type="checkbox"/>	<input type="checkbox"/>	\$
Shafting	<input type="checkbox"/>	<input type="checkbox"/>	\$
Electrical Controls	<input type="checkbox"/>	<input type="checkbox"/>	\$
Compressor — Repair	<input type="checkbox"/>	<input type="checkbox"/>	\$
— Replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$
Auxiliary Fan	<input type="checkbox"/>	<input type="checkbox"/>	\$
Flushing/Recharging with Refrigerant	<input type="checkbox"/>	<input type="checkbox"/>	\$
Electrical Controls	<input type="checkbox"/>	<input type="checkbox"/>	\$
Auxiliary Equipment	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other Repairs	<input type="checkbox"/>	<input type="checkbox"/>	\$
TOTAL			\$

Signature of Repairer Licence Number Date

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

Payment Details

Would you like the funds deposited to your Australian bank account by electronic transfer? Yes No

Bank Name		BSB	
Account Name		Account Number	

Privacy

Trident Marine includes information about how we manage your personal information in our Product Disclosure Statements. You can obtain a copy of the **Privacy Policy Statement** from our website www.tridentmarine.com.au or contact the Compliance Manager on 08 9202 8000 or email info@tridentinsurance.com.au for further information.

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

- I/We understand the claim may be refused if information is not true or is withheld.
- I/We authorise Trident Marine Insurance to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured 1. Date

Signature of Insured 2. Date

Please check that this form has been fully completed as any omissions may delay your claim.

**Return the completed form to Trident Marine Insurance –
PO Box 191 MT HAWTHORN WA 6915 or email info@tridentinsurance.com.au**

This Policy is underwritten by Certain Underwriters at Lloyds of London