

Property

*Machinery Breakdown and Deterioration of
Refrigerated Goods Claim Form and
Repairer's Report*

VSLHB0121

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Important Notices

Send your completed Claim Form to

Pen Underwriting

Property Claims

GPO Box 541

Brisbane QLD 4001

claims.au@penunderwriting.com

PRIVACY

Pen Underwriting and the Insurer(s) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information about you to provide you with insurance and insurance related services. We may disclose your personal information to third parties for the purposes described in our Privacy Policy, including related entities, insurers, reinsurers, agents and service providers, some of whom may be located in the United States of America, United Kingdom, Singapore, Germany, Sweden and India. By asking us to provide you with insurance and insurance related services, you consent to the collection, use and disclosure (including overseas disclosure) of your personal information for the purposes described in our Privacy Policy. Where you provide personal information about others, you represent to us that you have made them aware of that disclosure and of our Privacy Policy and that you have obtained their consent. If you do not consent to provide us with the personal information that we request, or withdraw your consent to the use and disclosure of your personal information at any stage, we may not be able to offer you the products or provide the services that you seek. For information about how to access and or correct the personal information we hold about you or if you have any concerns or complaints, ask us for a copy of our Privacy Policy or visit www.penunderwriting.com.au.

Instructions

Please download and save this PDF to your desktop and open via Adobe Acrobat to fill out digitally. Filling the form out in your browser will not save your answers.

Please read this Claim Form fully prior to answering the questions.

- Refer to the Policy Wording for details of coverage and conditions applicable to claims.
- If there is insufficient space in this Form, provide further details on your letterhead.
- Attach all relevant documentation.

1. Particulars of the Insured

- (a) Your Claim Number:
- (b) Policy Number:
- (c) Name:
- (d) Address:
- (e) Telephone: Private: Business: Mobile:

2. The Damaged Machine / Apparatus:

| <i>Description of Machine / Apparatus</i> | <i>Age</i> | <i>Serial No</i> |
|-------------------------------------------|------------|------------------|
| | | |
| | | |
| | | |

3. The Accident:

- (a) Location:
- (b) Day and date of the accident:
- (c) Time of accident: am / pm

4. The Damage

Please provide details of the Damage:

.....

.....

5. Cause of Damage

Please provide details of the cause of the Damage:

.....

.....

6. Location of Damaged Item for Inspection

.....

.....

7. Repairs

- (a) Have repairs commenced? ☐ Yes ☐ No
- (b) Who authorised the repairs?

- (c) What is the name of the repairer?
- (d) Address of the repairer:
- (e) Estimated cost of repairs: \$.....

8. Third Party Damage

Was the damaged caused by a third party?

☐ Yes ☐ No

If Yes, please provide the following details:

- (a) Name(s):
- (b) Address:
- (c) Telephone Number:

9. Some of the property lost, stolen or damaged may be covered under other policies. Please list all other insurances which might cover these items.

- (a) Name of Insurer:
- (b) Policy Number:
- (c) Type of Insurance:

10. Where Refrigerated Goods are insured and are damaged by the refrigeration system, list the goods that are affected as a result of electrical / mechanical breakdown. Attached details of goods as follows:

| Description of Goods | Quantity or Amounts | Price paid or Value of Goods | Amount Claimed |
|----------------------|---------------------|---------------------------------|----------------|
| | | \$..... | \$..... |
| | | \$..... | \$..... |
| | | \$..... | \$..... |
| | | \$..... | \$..... |
| | | \$..... | \$..... |
| | | \$..... | \$..... |
| | | \$..... | \$..... |
| | | \$..... | \$..... |
| | | \$..... | \$..... |

11. For Claim Settlement Purposes – In accordance with GST Legislation, please advise your:

- (a) Registered Business Name for this Policy:
- (b) ABN Number:
- (c) Percentage of the GST in your Premium for this Policy which you Claim as an Input Tax Credit for the Period of Insurance in which the loss occurred: %

DECLARATION

I/We declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date:

Full Name:.....

Title:

(j) Details of overtime costs: Cost \$

(k) Transport costs: Cost \$

Total

DECLARATION

I declare that:

- I have read and understood the Important Notices in this Form.
- The answers and information provided are true and correct.

Signature:.....

Date:

Name of Repairer:

Telephone No:.....