

Important Notices

Instructions

- Please refer to the **Property Policy Wording** for details of coverage and general conditions applicable to claims.
- Please ensure that this Claim Form is completed for all Sections of the Policy which apply to your claim. Any question left unanswered or answered in an incomplete way may delay the processing of your claim.
- If there is insufficient space provided to fully answer any question, please attach an additional sheet of paper with the extra information as required.
- Please attach all supporting documentation.
- This report and all attachments form part of the Claim Form and are subject to the Declaration.
- The issue and acceptance of this report does not constitute an admission of liability by us or a waiver of our rights.

Privacy

Pen Underwriting and Swiss Re International SE ABN 38 138 873 211 (Swiss Re) handle your personal information with care and in accordance with the Privacy Act 1988 and the Australian Privacy Principles. We collect personal information (including sensitive information) about you for purposes of issuing you with, and administering, this insurance product (including the handling and settlement of claims). Where possible, we will collect personal information directly from you or, where that is not reasonably practical, from other sources. We may also use your personal information for the purpose of promoting our products and services, designing or underwriting new insurance products, for research and analytical purposes, to perform administrative functions, and to comply with our legal obligations. We may disclose your personal information (including sensitive information) to third parties for the purposes described in our privacy policies, including insurers who may be located in the United Kingdom, reinsurers, reinsurance brokers, loss adjusters, external claims data collectors, investigators and others involved in the claims handling process, agents and service providers and related entities some of whom may be located in overseas countries, including Switzerland, India, United States of America and Bratislava. 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 policies. Where you provide us with personal information about others, you represent to us that you have made them aware of that disclosure and of our privacy policies 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 the Pen Underwriting and Swiss Re Privacy Policies or visit www.penunderwriting.com.au. **Complaints Handling**

If you are dissatisfied with a decision Pen Underwriting makes, our service, the service of others we appoint to discuss insurance matters with you, or a claim settlement, we have an internal dispute resolution process to assist you. For further information, ask for a copy of our Complaints and Disputes Resolution Policy or visit www.penunderwriting.com.au.

1. Particulars of the Insured

- (i) Your Claim Number:
- (ii) Policy Number:.....
- (iii) Name:
- (iv) Address:
- (v) 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:

- (i) Location:
- (ii) Day and date of the accident:
- (iii) 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

- (i) Have repairs commenced? Yes or No
- (ii) Who authorised the repairs?.....
- (iii) What is the name of the repairer?.....
- (iv) Address of the repairer:
- (v) Estimated cost of repairs: \$.....

8. Third Party Damage

Was the damaged caused by a third party? Yes or No

If Yes, please provide the following details:

- (i) Name(s):
- (ii) Address:.....
- (iii) 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.

- (i) Name of Insurer:
- (ii) Policy Number:
- (iii) 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:

<i>Description of Goods</i>	<i>Quantity or Amounts</i>	<i>Price paid or Value of Goods</i>	<i>Amount Claimed</i>
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....
.....	\$.....	\$.....

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

- (i) Registered Business Name for this Policy:
- (ii) ABN Number:
- (iii) 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/We have read and understood the Important Notices on this Claim Form
- The answers and information given in this Claim Form are true and correct in all respects
- I/We have read the Pen Underwriting Privacy Statement on this Claim Form and consent to the use, disclosure and obtaining of personal information about the insured for the purposes shown in the Privacy Statement
- Where I/We have provided information about another individual, that individual has been made aware of that fact and of the Pen Underwriting Privacy Statement

Signature of Claimant: **Date:**

Signature of Policyholder: **Date:**

Electrical Damage Repairers Report

(to be completed by the repairer)

- 1. Name of Client:
- 2. Date of Repairs:
- 3. Make of damaged motor: HP/KW: Serial Number:
- 4. Details/Cause of damage/Type of damage:
.....
.....

- 5. Is there any replacement warranty on the damaged motor/unit? Yes or No
- 7. What is the replacement warranty on the new motor/unit?

8. Details of Repairs and Service Charges

(i) Motor Repairs (not sealed units as below)

- (a) Age of motor: Cost \$
- (b) Windings of Stator: Cost \$
- (c) Winding of Rotor or Armature: Cost \$
- (d) Brushes: Cost \$
- (e) Bearings (give details and reasons for change): Cost \$
- (f) Switch Gear: Cost \$

(ii) Sealed/Semi Sealed Units (On refrigeration/air conditioners)

- (a) Age of this damaged unit: Years
- (b) Is the replacement unit a: Reconditioned unit? Yes or No
New unit? Yes or No
- (c) Brand name of new unit:
- (d) Refrigerant gas of:
 - Damaged unit:
 - Replacement unit..... amount used..... Cost \$
- (e) Cost charged to upgrade the system to operate on Ozone friendly gases:
Please describe:

- (iii) Auxiliary fan (e.g.: condenser fan): Cost \$
- (iv) Electrical controls: Cost \$
- (v) Flushing refrigeration system: Cost \$
- (vi) Auxiliary equipment: Cost \$
- (vii) Other electrical/mechanical repairs: Cost \$
- (viii) Removal and reinstallation: Cost \$
- (ix) Hire of loan motor/appliance including installation and removal: Cost \$
- (x) Details of overtime costs: Cost \$
- (xi) Transport costs: Cost \$

Total

Signature:

Date:.....

Name of Repairer:.....

Telephone No: