

fusion claim form



Lumley General Insurance Limited, ABN 24 000 036 279, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111 Fax: (02) 9248 1122

Claims Procedure

This claim form is to be completed for damage to motors by electric current.

When Your machine or motor fails and requires repair it is necessary for you to contact a licensed repairer or licensed contractor (Repairer).

All Sections of this claim form must be completed. Sections One, Two and Four are required to be completed by You and Section Five by the Repairer and it is necessary for You to attach (or promptly supply) where possible the original invoice with this completed form. If there is insufficient space provided for any information requested or to be supplied, please supply these details on a separate sheet and attach to the claim form.

On receipt of the above We will assess and administer Your claim in accordance with Your Policy. We will also keep You informed of any other requirements should they be required and if applicable, progress on the processing of Your claim.

If You have any queries on any of the information required on this form, please do not hesitate to contact Your Authorised Representative or Broker or Lumley Office.

Privacy

We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at any of our offices.

Complaints procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why. We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC).

If you are not satisfied with a decision by the IDRC, the matter may be referred to an independent dispute resolution body, Insurance Ombudsman Service Limited (IOS), provided the matter falls within their jurisdiction.

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which Lumley may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your Authorised Representative, Broker or nearest Lumley office.

Insurance Ombudsman Service Limited (IOS)

Phone (Toll Free) 1300 78 08 08.

Online - www.insuranceombudsman.com.au

Email - ios@insuranceombudsman.com.au

Lumley General Insurance Limited

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291	Phone (02) 9248 1111 Phone (02) 4925 7500	Fax (02) 9248 1122 Fax (02) 4940 0295
VIC	Level 3, 99 King Street, Melbourne 3000	Phone (03) 8627 4333	Fax (03) 8627 4312
ACT	Level 4, Perpetual Building, 10 Rudd Street, Canberra City 2601	Phone (02) 6279 0333	Fax (02) 6279 0330
TAS	27 Paterson Street, Launceston 7250	Phone (03) 6345 4700	Fax (03) 6345 4711
SA	465 Pulteney Street, Adelaide 5000	Phone (08) 8228 1700	Fax (08) 8228 1777
WA	50 St George's Terrace, Perth 6000	Phone (08) 9220 8222	Fax (08) 9220 8251
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101	Phone (07) 3307 4800	Fax (07) 3307 4899
	Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 4722 6000	Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Click on the fields to complete online, then print and sign.
OR Print and complete all sections in black or blue pen.

1. Client Details

Policy number	Claim number	Due date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Insured's name	Address	
<input type="text"/>	<input type="text"/>	
Suburb	State	Postcode
<input type="text"/>	<input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Phone number	Email	
<input type="text"/>	<input type="text"/>	

Goods and Services Tax - to ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) Australian Business Number (ABN), if applicable

(b) entitlement to an Input Tax Credit in respect of:

(i) Insurance premium % and (ii) the property which is the subject of this claim %

2. Details of Machinery or Motor Damaged

Date of happening (dd/mm/yyyy)	Place of happening	
<input type="text"/>	<input type="text"/>	
Unit Make	Unit Model	Function of Unit
<input type="text"/>	<input type="text"/>	<input type="text"/>

Is this unit under warranty? Yes No

Size or HP of unit	Approx age of unit	Date of last repair (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Total value of all motors on premises (Trade Only) \$

Total amount of invoice* \$

*The original invoice from repairer must be supplied with this claim form detailing individual amounts charged for parts, labour and service calls.
Section 5 of this form must also be completed by Repairer

3. Brief Policy Details

This policy does NOT cover the following:

- (a) loss of use, depreciation, wear and tear.
- (b) lighting or heating elements, fuses or protective devices.
electrical contacts at which sparking or arcing occurs in ordinary working.
- (c) Mechanical breakdown
- (d) Radios, electronic equipment, microwave ovens, televisions, or video recorders

For further details, please refer to your policy or contact your authorised representative, broker or nearest Lumley office.

4. Declaration and Signature

This information is, to the very best of my knowledge, true in every respect and I therefore make a claim under the policy.

Signature	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>

Please note that no claim can be settled unless all questions are answered and Section 5 is completed by the repairer.

5. Details of Damage and Charges *(To be completed by repairer)*

This section enables Lumley to assess the claim and must be completed by the repairer.

Please provide details of the **appliance**

Maker's name	HP or Watts	Serial number
<input type="text"/>	<input type="text"/>	<input type="text"/>

Name of appliance	Voltage	RPM
<input type="text"/>	<input type="text"/>	<input type="text"/>

Type (slip ring, capacitor, split phase, series etc) sealed or semi sealed	Frame number
<input type="text"/>	<input type="text"/>

Details of damage

Cause of damage	Age of motor
<input type="text"/>	<input type="text"/>

Did the equipment show signs of deterioration? Yes No

Please provide details of repairs and service charges

Details	Charges
Stator windings	\$
Field coils	\$
Rotor windings	\$
Armature windings	\$
Condenser	\$
Centrifugal switch gear	\$
Carbon brushes	\$
Other electrical repairs <i>(please provide details including causes)</i>	\$
Bearings <i>(please provide details including causes)</i>	\$
Other mechanical repairs <i>(please provide details including causes)</i>	\$
Labour charge for removal and replacement <i>(if any)</i>	\$
Transport charges <i>(if any)</i>	\$
Installation and removal of loan motor charges <i>(if any)</i>	\$
Loan motor hire costs <i>(if applicable)</i>	\$
Other charges <i>(please detail)</i>	\$
Total	\$

Did your firm actually conduct the repairs? Yes No

If No, please give details of repairer

6. Repairer Declaration and Signature

This information is, to the very best of my knowledge, true in every respect and I therefore make a claim under the policy.

Signature	Date (dd/mm/yyyy)
<input type="text"/>	<input type="text"/>