



MBJ Insurance Solutions | Authorised Representative No. 331416. Authorised Representative of Ausure Pty Ltd t/as Ausure Insurance Brokers ACN 096 971 854 | Licence No: 238433

Machinery Breakdown Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the Company.

Please provide complete details to the questions asked on this form.

1. Your Details

Policy Number	Expiry Date
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Name of Insured

Postal Address
Post Code

Contact Name

Home Phone Number	Work / Mobile Number
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2. Goods and Services Tax (GST)

Are you registered for GST No ☐ Yes ☐ If yes, provide

your A.B.N. number

Please provide details of your GST Status:

☐ Not entitled to Input Tax Credit

☐ Entitled to % Input Tax Credit

4. Incident Details

Date of Occurrence	Time
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Where did incident occur?

State

Please describe what happened

Do you consider any other party responsible for the loss?

No ☐ Yes ☐

If Yes, please state why?

Are you the sole owner of the property lost or damaged?

No ☐ Yes ☐

If No, give details of other owners or part owners

Do you hold any other insurances under which a claim for this loss may be lodged?

No ☐ Yes ☐

If Yes, Please give details

Name and type of appliance to which motor is attached.

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Whom was it purchased from?

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Date of purchase & Price

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Is the motor under a manufacturer's warranty?

No ☐ Yes ☐

If Yes, has a claim been made under the warranty?

No ☐ Yes ☐

5. Electrical Repairers report

Make of Motor:

HP:

Serial Number:

Voltage:

RMP:

Open or sealed:

Age:

Details of Damage:

Cause of Damage:

Repairs Cost Amount	Windings	Compressor	Other repairs
	\$	\$	\$

6. Please attach Actual Repair Account

Description of Goods	Quantity	Cost	Amount Claimed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Repairs Having been completed to my satisfaction I hereby claim the amount of			\$

7. Declaration

1. I/We certify that the information given in this form is truthful accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

Insured/s Signature	Date