

# **MACHINERY INSURANCE**

**CLAIM REPORT**

## ABOUT YOUR CLAIM

- We will contact you as quickly as possible about your claim.
- For most claims we will check the damage and have repairs authorised and paid for.
- If someone else involved in the accident contacts you about a claim, or just for information, refer the person to your CGU Insurance office.
- If you receive a writ or summons, or anything else from a legal firm, forward it to us immediately.
- We need to handle everything related to your claim.
- Please refer to your policy booklet for more information about how your claim will be handled.
- We may need to get a police report.
- If you have any questions about your claim, please contact CGU Insurance on 13 24 80 (13 CGU 0).

## HOW YOU CAN RESOLVE A DISPUTE WITH US

Our dispute resolution system is free and works like this:

1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
  - our decision on your claim,
  - our handling of your claim,
  - the services of our loss adjuster or investigator.
2. The staff member will try to resolve the problem.
3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
5. If you do not accept our decision, you may take the problem to the Financial Ombudsman Service (FOS), for an independent investigation. The FOS can assist with private consumer and some small business type claims.
6. The telephone number for the Financial Ombudsman Service is 1300 780 808.

**More detailed information about this process is available from your CGU Insurance office.**

**Please answer all questions. This will help us process your claim quickly.**  
**Answer the questions by placing a cross in the appropriate boxes and supplying the information requested.**  
**When returning this form, please attach the repairer's quotation or account.**

Policy number (from your schedule)

Expiry date

 DD /  MM /  YY

Insured (surname, company, partnership)

Given name(s) of insured

Contact person (for company or partnership)

Occupation

**Are you registered for GST purposes?**

No  Yes  What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

No  Yes  Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No  Yes  Specify the percentage amount claimed or intended to be claimed

 %

Are you entitled to claim an input tax credit for repairs or replacement of the damaged item(s)?

No  Yes  Is the amount claimable less than 100%?

No  Yes  Specify the percentage claimable

 %

Address

Postcode

Private telephone no.

Business telephone no.

Facsimile no.

Email address

If policy is a declaration policy, state date of last declaration

 DD /  MM /  YY

**1. Property details**

Please describe the property the subject of the claim

Type

Serial no.

Model no:

Manufacturer

Date purchased

 DD /  MM /  YY

Present day value

 \$

Where is the property usually located?

Address

Postcode

Does any other party have a financial interest in the property?

No

Yes



State name and address of interested party

Name

Address

Postcode

Is the property covered by a guarantee or indemnity?

No

Yes



State name and address of the company

Name

Address

Postcode

Is there any other insurance on the property?

No

Yes



State name and address of the insurance company

Name

Policy no.

Was there any other unrepaired damage to the property before the loss or damage occurred, which is the subject of this claim?

No

Yes



Describe the damage

## 2. Claim Details

Loss or damage in transit

Other loss

Other damage

Theft

Date

Time

When did it happen?

How did it happen? (Describe the cause and the circumstances leading to the loss)

Who discovered the loss, theft or damage?

Name

Date discovered

Time

### 3. Damage Details

Describe the damage

Was the damage caused by person/s other than the insured or the insured's employees or staff?

No  Yes   State name and address of the company

Name

Address

Postcode

### 4. Loss and Theft Details

Was the loss discovered by (or during) stocktaking or inventory checks?

No  Yes   When was the property last sighted or accounted for?

Has the loss been reported to the police?

No  Yes   Officer's name

Date

Do you know who was responsible?

No  Yes   State name and address or any other information

Name

Address

Postcode

### 5. Transit Loss or Damage Details

State the name and address of the carrier

Name

Address

Postcode

Was the property consigned at Carrier's risk?

Owner's risk?

Was the property crated?  packed?

secured to vehicle?

Did the loss or damage occur during loading?

unloading?

Did the loss or damage occur on a carriageway?

on property other than a carriageway?

Who loaded or unloaded the vehicle when the loss or theft was discovered?

Name

Address

Postcode

Indicate whether Insured's employee  Carrier's employee  Other person (specify)

Has a claim been lodged against the carrier?

No  Yes  On what date was the claim made?  /  /

Has the carrier accepted liability? No  Yes

## 6. Repair Details

Is the damage repairable?

Yes  State the estimated cost of repairs \$

No  State the amount being claimed AND ignore the remaining questions in this panel \$

Was a quotation obtained?

No  Yes  Verbal  Written (attach a copy)

Details of repairer

Name

Telephone No

Contact

Have repairs commenced?

No  Yes  State date commenced  /  /  Name of authorising person

Indicate whether repairs will entail:

Penalty rates for overtime, night, holiday or shift work  Express charges or airfreight of parts

Have any temporary repairs been made?

No  Yes  Describe the repairs

Cost \$

Is any additional work, other than the repairs as a result of damage, being completed while the plant is down?

No  Yes  Describe the other repair work

Cost \$

## 7. Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at [www.cgu.com.au/privacy](http://www.cgu.com.au/privacy), including for processing this claim.

Signature of the insured or person with authority to sign for and on behalf of a company or partnership

Date

 /  / 

Please indicate the number of additional pages attached to this claim report

**When complete, please forward the report to:**

**Email - [claims@cgu.com.au](mailto:claims@cgu.com.au)**

**Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001**

**or send it to us via your Agent or Broker**

**Alternatively, claims can be lodged over the telephone 24 hours a day,  
7 days a week by calling us on 13 24 80 (13 CGU 0)**

### 1. Description of job

Customer's name

Details of machinery

Age (years)

Description of damaged parts

Type

Condition of item

Age (years)

Model number

Serial number

Manufacturer

Voltage

Type of job:

Repairs

Quote for repairs

### 2. Cost of Repairs and Service Charges

**ITEM:**

**PARTS:**

**AMOUNT CHARGED**

(eg. Motor, Alternator, etc.)

(if repairs are in uneconomical and replacement is recommended, please provide an alternative quotation for repair below)

\$

c

ITEM:	PARTS:	AMOUNT CHARGED
(eg. Motor, Alternator, etc.)	(if repairs are in uneconomical and replacement is recommended, please provide an alternative quotation for repair below)	\$ c

#### SERVICE CHARGES

Labour:	Number of hours:	@Rate:		
Travel:	Number of hours:	@Rate:		
Removal and installation:				
Hire of loan motor: (including installation and removal)				
Overtime costs:				
Transport costs:				
Other charges: (please specify)				

**SUB TOTAL**

**REPLACEMENT**

If recommended, the amount allowed on old unit is to be deducted

**TOTAL**




### 3. Repairer

Name of repairer

ABN

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Signature of the person in charge of the vessel (if not the insured)

Date

D	D	/	M	M	/	Y	Y
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## CONTACT DETAILS

**Enquiries** 13 24 81

**Claims** 13 24 80

### Mailing address

GPO Box 9902 in your capital city

#### Sydney

388 George Street  
Sydney NSW 2000

#### Perth

46 Colin Street  
West Perth WA 6005

#### Melbourne

181 William Street  
Melbourne VIC 3000

#### Adelaide

80 Flinders Street  
Adelaide SA 5000

#### Brisbane

189 Grey Street  
South Bank QLD 4101



[CGU.COM.AU](https://www.cgu.com.au)



Insurer  
**CGU Insurance Limited**  
ABN 27 004 478 371  
AFSL 238291