

Interpacific Insurance Brokers Pty. Ltd.

Australian Company Number 007 186 003

15 Hancock Street, South Melbourne, Vic. 3205
 P. O. Box 1169, South Melbourne, Vic. 3205

Phone: (03) 9696 6099. Fax: (03) 9696 5979

IMPORTANT INFORMATION

Are you registered for GST? No Yes

ABN Number

To what extent are you entitled to claim an Input

Tax Credit on your insurance premiums? %

COMBINED CLAIM FORM

THE ISSUE AND ACCEPTANCE OF THIS FORM DOES NOT IN ANY WAY CONSTITUTE AN ADMISSION OF LIABILITY

<p>1. THE INSURED</p>	<p>(a) Name</p> <p>(b) Address Post Code</p> <p>(c) Phone No. Private Business</p> <p>(d) Occupation/Business/Industry/Trade</p> <p>(e) Name of other Interested Parties (Hire Purchase, Lease, etc.), if any. Name How Interested Address Post Code</p> <p>(f) Policy No. Due Date</p> <p>(g) Are there any other Insurances in force which would cover this in whole or in part. YES/NO If answer is YES, please advise. Name of Insurer Policy Details</p>
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<p>2. DETAILS OF LOSS DAMAGE OR OCCURRENCE</p>	<p>(a) Date of Loss/Damage/or Occurrence Time A.M. P.M.</p> <p>(b) When was Loss/Damage/or Occurrence reported to you (if applicable) Time A.M. P.M.</p> <p>(c) Place and/or Premises where it occurred</p> <p>(d) Please state full particulars how Loss, Damage or Accident occurred..... </p> <p>(e) Please describe Nature of Damage or Injury</p>
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3. RESPONSIBILITY WITNESSES	<p>(a) Was another person, in your opinion, responsible for loss or damage or cause of the occurrence. YES/NO.</p> <p>If reply is YES, please give full details.</p> <p>Name.....</p> <p>AddressPost Code.....</p> <p>Telephone No.....</p> <p>Reasons</p> <p>.....</p> <p>(b) Was there a witness/or witnesses to this event. YES/NO.</p> <p>If reply is YES, please give full details.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%; text-align: center;">Name</td> <td style="width: 33%; text-align: center;">Address</td> <td style="width: 33%; text-align: center;">Telephone No.</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </table>	Name	Address	Telephone No.
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4. INSURANCE HISTORY	<p>(a) Have you ever previously sustained Loss/Damage/or caused Damage or Injury to Third Parties. YES/NO.</p> <p>If answered YES, give details of such losses and amounts involved.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>(b) Was an Insurance Company involved. YES/NO. If answered YES, please state below name of company and year of claim.</p> <p>.....</p> <p>.....</p>
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5. DESCRIPTION OF PROPERTY LOSS OR DAMAGE	IF INSUFFICIENT SPACE PLEASE ATTACH SEPARATE LIST					
	Description of Property Lost or Damaged	From Whom Purchased	Date of Purchase	Original Purchase Price	Deduction for Depreciation and Wear and Tear	Amount Claimed
			Total			

PLEASE COMPLETE IF APPLICABLE

<p>6. BURGLARY LOSS</p>	<p>(a) If claiming under Multi Risk, Burglary, Housebreaking, Theft, Malicious Damage, Baggage, advise the following:-</p> <p>(1) Full details of method used by offender</p> <p>.....</p> <p>.....</p> <p>(2) When were the Police notified.....Time A.M. P.M.</p> <p>Police Station..... Officer's Name.....</p> <p>State reason if not reported to Police</p> <p>(b) (1) Has the loss been advertised. YES/NO. If answered YES, give particulars</p> <p>..... and send copy of advertisement with this form.</p> <p>(2) When was the property last seen by you</p> <p>(3) At the time of loss how long had premises been unoccupied</p>
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<p>7. STORM AND TEMPEST</p>	<p>(a) If claiming for Storm and Tempest/Water Damage/Flood, advise the following.</p> <p>(1) Through what type of opening did Wind, Rain or Water enter premises.....</p> <p>.....</p> <p>.....</p> <p>(2) Did Storm and Tempest cause opening to premises. YES/NO. If answered YES, describe cause</p> <p>.....</p> <p>.....</p>
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<p>8. LEGAL LIABILITY</p>	<p>(a) Name and Address of injured person or owner of damaged property.</p> <table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:40%; text-align: center;">Name</th> <th style="width:40%; text-align: center;">Address</th> <th style="width:20%; text-align: center;">Phone No.</th> </tr> </thead> <tbody> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> <tr> <td>.....</td> <td>.....</td> <td>.....</td> </tr> </tbody> </table> <p>(b) Is the injured person or owner of damaged property in your employ, in the employ of any contractor or sub-contractor to you, or a relative to you. YES/NO. If answered YES, give details.</p> <p>.....</p> <p>.....</p> <p>(c) Has any claim been made upon you. YES/NO. If answered YES, state details and attach with this form <u>All Communication</u> received</p> <p>.....</p> <p>.....</p>	Name	Address	Phone No.
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I/We the Insured do solemnly and sincerely declare that I/We have complied with the conditions and warranties (if any) of the Policy and in no manner deliberately caused the said loss or damage or sought unjustly to benefit thereby by any fraud or wilful misrepresentation and that the information shown on this form is true and that I/We have not concealed any information relating to this claim.

Date: Signature:

FUSION CLAIMS
ELECTRICAL DAMAGE REPORT
TO BE COMPLETED BY REPAIRER

_____ / _____ / _____
 Claim Number

1.	Details of Motor.																																																																																																						
	Make	Serial No.	H.P.	Voltage	R.P.M.	Open or Sealed	Age																																																																																																
2.	Details of Damage.																																																																																																						
3.	Cause of Damage.																																																																																																						
4.	<p>DAMAGE REPORT.</p> <p style="text-align: right;">Indicate (yes/no) whether damage to parts of the electrical machines or installations was caused by the actual burning out of such parts by the electric current.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;"></th> <th style="width: 5%; text-align: center;">↓</th> <th style="width: 10%; text-align: center;">\$</th> <th style="width: 15%; text-align: center;">c</th> </tr> </thead> <tbody> <tr> <td>MOTOR REPAIRS (NOT SEALED UNITS)</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Windings of Stator</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Windings of Rotor or Armature</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Brushes</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Bearings (give details and reason for same)</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> </tr> <tr> <td> Switch Gear</td> <td></td> <td></td> <td></td> </tr> <tr> <td>SEALED UNITS</td> <td></td> <td></td> <td></td> </tr> <tr> <td> (a) Motor Repairs</td> <td></td> <td></td> <td></td> </tr> <tr> <td> (b) Compressor Repairs</td> <td></td> <td></td> <td></td> </tr> <tr> <td> If replacement unit fitted state allowance on old unit</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Auxiliary Fan</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Electrical Controls</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Flushing and recharging with refrigerant</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Auxiliary Equipment</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> </tr> <tr> <td> Other repairs</td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> </tr> <tr> <td> Removal and Reinstallation</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Hire of Loan Motor including installation and removal</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Details of Overtime Costs</td> <td></td> <td></td> <td></td> </tr> <tr> <td> Transport Costs</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: right;">TOTAL</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>								↓	\$	c	MOTOR REPAIRS (NOT SEALED UNITS)				Windings of Stator				Windings of Rotor or Armature				Brushes				Bearings (give details and reason for same)				Switch Gear				SEALED UNITS				(a) Motor Repairs				(b) Compressor Repairs				If replacement unit fitted state allowance on old unit				Auxiliary Fan				Electrical Controls				Flushing and recharging with refrigerant				Auxiliary Equipment				Other repairs				Removal and Reinstallation				Hire of Loan Motor including installation and removal				Details of Overtime Costs				Transport Costs				TOTAL			
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