

electronic equipment 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

The issue or acceptance of this form is not to be construed as an admission of liability by Lumley General Insurance.
Please complete all questions to prevent processing delays.

1. Client Details

Policy No.	Claim No.		
<input type="text"/>	<input type="text"/>		
Contact name	<input type="text"/>		
Insured	<input type="text"/>		
Postal address	<input type="text"/>		Postcode
<input type="text"/>	<input type="text"/>		<input type="text"/>
Phone number (w)	Phone number (h)	Mobile	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of loss (dd/mm/yyyy)	<input type="text"/>		

2. Goods and Services Tax (G.S.T.)

To ensure that you do not incur any unnecessary GST Liabilities on this claim settlement please advise:

Australian Business Number (ABN), if applicable

Entitlement to an Input Tax Credit

 %

3. Equipment Details

Location of damaged machine		
<input type="text"/>		
Description of damaged machine		
<input type="text"/>		
Details of damaged machine (attach list if necessary)		
Make	Type	Model
<input type="text"/>	<input type="text"/>	<input type="text"/>
Model	Serial No.	Year of manufacture
<input type="text"/>	<input type="text"/>	<input type="text"/>
Estimate of cost of damage (Please attach repairers report)		
<input type="text"/>		

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 Level 5, Northtown Tower, Flinders Mall, Townsville 4810	Phone (07) 3307 4800 Phone (07) 4722 6000	Fax (07) 3307 4899 Fax (07) 4724 4398
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800	Phone (08) 8946 4600	Fax (08) 8946 4666

Was any software lost or damaged?

No Yes If yes, what was it?

What caused the damage?

What is the replacement cost?

\$

Was any data lost?

No Yes

What was the nature of the data?

What caused the data loss?

What is the reinstatement cost?

\$

Did you keep back-up disks/data?

No Yes If so, are these useable? if "not" why not?

If increased cost of working or business interruption is insured

What time did the equipment fail?

am/pm

Which department(s) are affected by the stoppage?

What is your approx. daily turnover?

\$

If you are incurring increased costs of working:

What is the daily cost of these?

\$

What are you purchasing with the increased costs?

When do you anticipate repairs/replacement to the damaged machine to be completed? (dd/mm/yyyy)

Who is your company accountant?

Telephone (w)

Please attach or keep all invoices/receipts in support of your claim. Do not destroy or otherwise relinquish possession of damaged parts in support of your claim

4. Privacy Statement

This information will be treated with confidentiality and will only be released as per the requirements of the General Insurance Information Privacy Principles. We collect and store the information for the sole purpose of maintaining your insurance details. If you require any further information, please contact your local Lumley state office.

5. Declaration

I/we certify that the information given in this claim 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 in whole if the information is untrue, inaccurate or concealed.

Signature

Dated (dd/mm/yyyy)