

Please reply to:
WFI

LOCKED BAG 1
BASSENDEAN 6934
PH: 0173 5333

OFFICE USE ONLY

Policy: _____
Expiry: _____
Loc: _____ Risk: _____
Claim #: _____ XS: _____
Date C/F sent: / /
Officer: _____ Assr: _____



WESFARMERS FEDERATION
INSURANCE LIMITED
A.B.N. 18 009 027 221
Truly Australian

MECHANICAL, ELECTRICAL, ELECTRONIC DAMAGE CLAIM REPORT

- Note:
- To be completed and signed by insured.
 - The issue or acceptance of this claim report is not an admission of liability by the company.
 - If there is not enough space for your answer to any of these questions please attach a separate sheet of paper with the question number or subject shown. Any attachments will form part of this claim report and the declaration will include them.
 - If you require assistance please call us at the above location.

PRIVACY: Personal information provided to us in this document will only be used by us to deal with this claim and your future insurance arrangements with and claims you might make on us. We will only pass the information to persons outside WFI if they are assisting us with the above matters or we are required by law to do so or you consent to our doing so.

INSURED

Full name of insured: _____
 Trading name: _____
 Do you have an Australian Business Number? Yes No If yes, your A.B.N.: _____ and
 ITCE %: _____ must be provided. The ITCE % is the percentage of the GST charge on the premium for the policy on which this claim is made and for which the insured is entitled to claim as an Input Tax Credit Entitlement.
The information you provide about Australian Business Number is your declaration to us as required by legislation. If you do not provide the information, your claim may be delayed until you do so.
 Postal address: _____ Postcode: _____
 We may need to contact you. Please detail and indicate your preferred methods by in the appropriate boxes.
 Private: _____ Business: _____ Mobile: _____
 Fax: _____ Email: _____ By post:
 Policy number: _____ Risk number: _____ Current to: _____

DAMAGE

1. Date and time the damage occurred.	Date: _____ Day: _____ Time: _____ am/pm
2. Address where the damage occurred.	_____
3. Was the damage caused by burning out by electrical current?	Yes <input type="checkbox"/> No <input type="checkbox"/> If no, give details of the cause: _____
4. What was the type and make of appliance?	Type: _____ Make: _____
5. What size is the motor?	_____ Kilowatts _____ Horsepower
6. Is the motor an open or sealed unit?	Open <input type="checkbox"/> Sealed <input type="checkbox"/> Submersible <input type="checkbox"/>
7. What is the appliance used in connection with?	Domestic/Personal <input type="checkbox"/> Business/Trade <input type="checkbox"/> Farm <input type="checkbox"/>
8. How old is the appliance?	_____ Years _____ Months
9. Is the appliance under any guarantee, warranty, maintenance, service or leasing agreement?	Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, with whom? _____
10. Where can the damaged appliance be inspected?	_____
11. Have you arranged (attach documents):	A quotation <input type="checkbox"/> Repairs <input type="checkbox"/> Replacement <input type="checkbox"/> Payment <input type="checkbox"/>

Special Note: Please do not dispose of or abandon property to which this claim refers without our consent.

DECLARATION

I/We declare the foregoing particulars to be true in every respect and that no information has been exaggerated, omitted or withheld.
Signature of insured: _____ Date: _____ Witness: _____ Date: _____
Please indicate the number of additional pages attached to this claim report:

THE REPORT OVERLEAF MUST BE COMPLETED AND SIGNED BY THE QUALIFIED REPAIRER

REPAIRER'S REPORT

TO BE COMPLETED AND SIGNED BY THE REPAIRER FOR CONSIDERATION BY THE COMPANY

Insured's name and address: _____

DESCRIPTION OF ITEM AND CAUSE OF DAMAGE

Type of appliance: _____ Maker's name: _____

Model no: _____ Year of manufacture: _____ Size of motor: _____ Voltage: _____

Type of motor (slip ring, capacitor, split phase, series, etc): _____

Open Sealed Submersible

Was damage caused by burning out by electrical current? Yes No If no, what was the cause of damage? _____

PARTICULARS OF DAMAGE, REPAIRS AND CHARGES

Full description of damage: _____

Windings: _____ \$ _____

Switch gear: _____ \$ _____

Refrigerant gas: _____ \$ _____

Bearings: _____ \$ _____

Replacement motor (see questions below): _____ \$ _____

Other mechanical, electrical and electronic repairs (give details and reason for same): _____

_____ \$ _____

Labour charges: Normal rates: _____ hours at \$ _____ per hour \$ _____

Overtime rates: _____ hours at \$ _____ per hour \$ _____

Removal and reinstallation: _____ \$ _____

Travel costs: _____ \$ _____

Transport charges: _____ \$ _____

Hire of loan motor including installation and removal: _____ \$ _____

Any other charges (give details): _____ \$ _____

If replacement motor has been installed: _____ \$ _____

(a) Is it a new or reconditioned unit? _____

(b) What was the condition of the replacement unit? _____

DETAILS OF REPAIRER

Name, address and ☎ of repairer completing this report: _____

☎: _____ Qualifications: _____

Did your firm actually do the repairs? Yes No If no, give details: _____

Signature: _____ Date: _____

THE CLAIM REPORT OVERLEAF MUST BE COMPLETED AND SIGNED BY THE INSURED