



# ST.GEORGE UNDERWRITING AGENCY

AFS Licence No 236663

75 North Lake Road Myaree WA 6154

P.O. BOX 3016 MYAREE WA 6154

TEL (08) 9317 8400 FAX (08) 9317 8499

email: admin@sgua.com.au

Established 1991

## Fusion Claim Form

CLAIM No. \_\_\_\_\_

Policy No. \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**THE INSURED**

Full Name \_\_\_\_\_

Postal Address \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No. \_\_\_\_\_

**DETAILS OF LOSS OR DAMAGE**

Date of Happening \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Place of Happening \_\_\_\_\_

How did the loss or damage occur \_\_\_\_\_

Make, Type &amp; Function of Unit \_\_\_\_\_

Is the appliance under warranty? **Yes / No** If 'Yes', state warranty details \_\_\_\_\_

Size or H.P. of Unit \_\_\_\_\_ Approximate Age of Unit \_\_\_\_ years. Date of last repair \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**AMOUNT CLAIMED** \$ \_\_\_\_\_ (detailed Invoice from Repairer must be supplied and rear of this form completed by the Repairer.)**GST** (please complete this section. If you believe this does not apply to you, please write **n/a** for each answer)

My/Our input tax credit entitlement for GST on my/our premium is \_\_\_\_\_%.

My/Our ABN is: \_\_\_\_\_ Note: If you are a business and you do not provide us with your ABN, we may have to withhold tax on payments we make under your claim.

The *Privacy Act* 1988 requires us to tell you that as an agent for an insurer we collect your personal and other information in order to calculate your loss entitlements; determine our liability; compile data; and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, loss adjusters, investigators, agents etc. or as required by law.

You have the right to seek access to your personal information and correct it at any time. To change information please contact us on (08) 9317 8400 WST 8.30am - 5.00pm, Mon-Fri and advise us of the changes. If you do not agree to the collection of your personal information then we will be unable to process your claim.

Should you wish to obtain more information about Allianz's privacy policies, please contact us and ask for a copy of the brochure called '*National Privacy Principles*'

**DECLARATION**

- \* I/We acknowledge that the answers and information on this form are true and correct.
- \* I/We acknowledge that I/we have read and understood the Privacy Act 1988 information referred to above and consent to the collection, storage, use and disclosure of my/our personal and sensitive information so that St George Underwriting Agency, as agents for Allianz Australia Insurance Ltd will be able to process my/our claim.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**THIS POLICY DOES NOT COVER:**

1. Loss of use, depreciation, wear and tear.
2. Electrical contacts at which sparking or arcing occurs in ordinary working.
3. Lighting or heating elements, fuses or protective devices.

**PLEASE NOTE THAT NO CLAIM CAN BE SETTLED UNLESS ALL QUESTIONS ARE ANSWERED AND THE BACK OF THE FORM IS COMPLETED BY THE ELECTRICIAN**

**PARTICULARS OF DAMAGE AND CHARGES FOR THE CONSIDERATION OF THE  
COMPANY' S ELECTRICAL ENGINEER**

Particulars of Appliance:

Maker' Name \_\_\_\_\_ H.P. or Watts \_\_\_\_\_ Serial No. \_\_\_\_\_

Name of Appliance (Motor etc) \_\_\_\_\_ Voltage \_\_\_\_\_ R.P.M. \_\_\_\_\_

Type (Slip ring, Capacitor, Split phase, Series etc) Sealed or Semi Sealed \_\_\_\_\_ Frame No. \_\_\_\_\_

Details of Damage \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cause of Damage \_\_\_\_\_ Age of Motor \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Did Equipment show signs of deterioration \_\_\_\_\_

Show details of repairs, also Service Charge as follows:-

**CHARGES**

Stator Windings \_\_\_\_\_

Field Coils \_\_\_\_\_

Rotor Windings \_\_\_\_\_

Armature Windings \_\_\_\_\_

Condenser \_\_\_\_\_

Centrifugal Switch Gear \_\_\_\_\_

Carbon Brushes \_\_\_\_\_

Other Electrical Repairs (Give details and reason for same) \_\_\_\_\_

\_\_\_\_\_

Bearings (Give details and reason for same) \_\_\_\_\_

Other Mechanical Repairs (Give details and reason for same) \_\_\_\_\_

Labour charge for removal and reinstallation of aforesaid appliance (if any) \_\_\_\_\_

Transport Charges (if any) \_\_\_\_\_

If charge for removal and installation of Loan Motor \_\_\_\_\_

If hire on Loan Motor \_\_\_\_\_

Any other charges (please give details) \_\_\_\_\_

**TOTAL \$ \_\_\_\_\_**

Did your firm actually do the repairs? **YES / NO**

If '**NO**', please give name of Repairer \_\_\_\_\_

Signature of Contractor \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Contractor's Address \_\_\_\_\_