

ELECTRICAL BREAKDOWN CLAIM FORM



FIRST PROFESSIONAL UNDERWRITING AGENCY
Proprietary Limited

PO BOX 7087, CLOISTERS SQUARE, WA 6850 * ABN 12 053 505 552 * PHONE: (08) 9481 8799 FAX (08) 9481 8933

Thank you for this opportunity to be of service. We can assure you that we will attend to your claim promptly, fairly and professionally.
Should you have any queries, please do not hesitate to contact your insurance broker/agent or First Professional direct.
Privacy - We respect your privacy and we comply with the Privacy Act and the National Privacy Principles. A copy of our Privacy Statement is available at our office.

THIS FORM TO BE COMPLETED BY THE INSURED

Name of Insured: Policy No:

Address:

Postcode:

Telephone - Business:

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Private:

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ABN No.

Taxable %

Name & Type of Appliance Operated by the Motor

Appliance and / or motor was purchased from:

Date of Purchase (New / Second Hand):

/ /

Price:

\$

Is the motor under Manufacturer's Warranty or repair guarantee?

Yes

No

If so, details of the warranty

Are you the sole owner of the Appliance and / or Motor?

Yes

No

If not, details of other interest:

Details of Occurrence:

Date:

/ /

Time:

am/pm

Place:

State briefly the circumstances:

I/We hereby declare that the foregoing particulars are true in every respect

Signature of Insured:

Date:

/ /

It is important to note that the company is not liable for:

- 1 (a) Loss of use, depreciation, wear and tear
- (b) Hire of Loan Motors
- (c) Replacement of worn bearings
- (d) Flushing and recharging with refrigerant

2 Destruction or Damage to:

- (a) Lighting or heating elements, fuses or protective devices
- (b) Electrical contacts at which sparking or arcing occurs in ordinary working
- (c) Recifiers, radio, television, amplifying or electronic equipment of any description

Repairs having been completed to my satisfaction I hereby claim

the sum of

\$

Signature of Insured:

Date:

/ /

**PLEASE ATTACH CONTRACTORS REPORT WHEN SUBMITTING CLAIM FORM
THE COMPANY DOES NOT ADMIT LIABILITY BY ISSUE OF THIS FORM**

PLEASE COMPLETE WHERE APPLICABLE

ADDITIONAL PARTICULARS

FOR ACCIDENTAL DAMAGE/LOSS, THEFT AND MONEY CLAIMS

- 1 Have Police been informed of the loss? Yes No Police Station reported to _____
- 2 Reported by _____ Date _____ Police File Number _____
- 3 Has loss been advertised in newspaper? Yes No (Please attach newspaper cutting)

FOR GLASS BREAKAGE CLAIMS

- 4 Have you arranged replacement? Yes No If "Yes" by whom? _____
- 5 Do you require us to settle the glazier's account or make payment direct to you? _____

FOR LEGAL LIABILITY CLAIMS

- 6 Name and address of any person injured, or owner of property damaged _____
- 7 Was person injured, or owner of property damaged, in your service, or in the service of any contractor or sub-contractor? _____
- 8 Has a claim been made against you Yes No If "Yes", please state details, and attach any relevant papers). _____
- 9 Names and addresses of witnesses of accident. (This information is of the utmost importance) _____
- 10 Name of Insurer of any property damaged _____
(NOTE - The Insured should not admit liability or advise they are insured)

FOR STORM CLAIMS

- 11 Did the storm cause damage to the building? Yes No _____
- 12 If "Yes", please give brief details _____

DECLARATION

The issue of this Form does not constitute an admission of the Company's liability.

I HEREBY DECLARE THAT I have in no matter caused the said loss or by any fraud or wilful misrepresentation sought unjustly to benefit thereby. AND I make this solemn Declaration conscientiously believing the same to be true.

Signature of Insured:

[Signature box]

Date:

[Date box: / /]