

Affinity Insurance Brokers

Managed and administered by Affinity Risk Partners (Brokers) Pty Ltd
ABN 15 091 944 580 AFS License No. 241185
A Member of the National Insurance Brokers Association

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DAMAGE BY ELECTRIC CURRENT TO ELECTRIC MOTORS / CLAIM FORM

PLEASE READ THIS SECTION CAREFULLY BEFORE PROCEEDING

- All questions must be answered truthfully as failure to do so may affect acceptance of your claim.
- The issue and acceptance of this Claim Form is not an admission of liability.
- Please retain all damaged items until claim is settled.
- Repair or replacement of items must not be authorised without our approval.

THE INSURED

Policy No. _____ Expiry Date _____
Full Name: Mr/Mrs/Ms _____ Date of Birth _____
Address: _____ Postcode _____
Home phone no. _____ Work phone no. _____
Occupation or Business _____
Tax Status – Registered Business Yes No ABN _____ Taxable _____%

THE LOSS

Date of damage ____/____/____ Time _____ am/pm Place _____
Details of damage _____
How did the breakage occur? _____
Cause of damage _____
Where can motor be inspected _____
Have you paid the repair account? Yes No
If 'yes': Amount: \$ _____ To whom _____

THE APPLIANCE/MOTOR

Type of appliance (Motor etc.) _____
Make _____ Model _____ Serial No. _____
KW watts _____ Voltage _____ RPM _____ Open Sealed
Appliance purchased from _____
Purchase price: \$ _____ Replacement price: \$ _____
Age of unit _____ Age of motor _____ Has this motor fused previously? Yes No
Is the motor under Manufacturer's Warranty? Yes No
If 'yes', please give details _____

The report overleaf must be completed and signed by a Licensed Electrical Repairer

DECLARATION:

I/We declare that the information and answers given to all the questions on this Claim Form are true and correct. I/We have not withheld any information likely to affect consideration of the claim.

Date ____/____/____ Signature of Insured _____

THIS SIDE OF THE FORM IS TO BE COMPLETED BY THE REPAIRER

Name of owner _____
 Address _____
 _____ Postcode _____
 Type of appliance _____ Make _____ Model _____
 Make of motor _____ KW _____ Serial No. _____
 Voltage _____ RPM _____ Open Sealed
 Age of appliance _____ Age of motor _____
 Details of damage _____

 Cause of damage _____

DETAILS OF REPAIRS AND SERVICE CHARGES

Indicate (Yes/No) whether destruction or damage to any parts of the electrical machines, installation or apparatus was caused by the actual burning out of such part or parts by the electric current therein.

	↓	AMOUNT	
Motor Reparis (open type) _____			
Windings _____			
Brushes _____			
Bearings (give details and reson for same) _____			

Switch gear _____			
Hermetic Compressor _____			
Auxiliary Fan _____			
Electrical Controls _____			
Flushing and recharging with Refrigerant _____			
Auxiliary Equipment _____			

Other Reparis _____			

Removal and Reinstallation _____			
TOTAL \$			

Name of repairer _____
 Address _____
 _____ Postcode _____ Telephone _____

Signature of Repairer _____ Date ____/____/____