

Lumley General Insurance

Fusion Claim Form

Policy No. _____ CLAIM No. _____
 Insured's Name _____ Due Date: _____
 Address _____ Telephone No. _____

Goods and Services Tax - To ensure you do not incur any unnecessary GST liabilities on this claim please advise your:

(a) Australian Business Number (A.B.N) if applicable

(b) entitlement to an Input Tax Credit in respect of the:

(i) insurance premium % and;

(ii) the property which is the subject of this claim %

Date of Happening _____ Place of Happening _____

Make, Type and Function of Unit _____

Is the Appliance under Warranty _____

Size or H.P. of Unit _____ Approximate Age of Unit _____

Date of last repair _____

Particulars of Happening _____

Total Value of all Motors on Premises (Trade Only) _____ \$

AMOUNT CLAIMED _____ \$

(detailed Invoice from Repairer must be supplied and rear of form completed by Repairer)

PRIVACY STATEMENT

This information will be treated with confidentiality and will be only 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.

I hereby declare the foregoing particulars to be true and correct and therefore make a claim under the Policy.

Date _____ Signed _____

THIS POLICY DOES NOT COVER

1. Loss of use, depreciation, wear and tear.
2. (a) Lighting or heating elements, fuses or protective devices.
(b) Electrical contracts at which sparking or arcing occurs in ordinary working.
3. Mechanical Breakdown.
4. Radios, Electronic Equipment, Microwave Ovens, T.V.'s, Video Recorders.

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

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

Particulars of Appliance.

Maker's 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

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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)

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Bearings (Give details and reason for same)

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Other Mechancial Repairs (Give details and reason for same)

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Labor Charge for removal and reinstallation of aforesaid appliance (if any)

Transport Charges (if any)

If charge for installation and removal of Loan Motor

If hire on Loan Motor

Any other charges (give details)

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Did your Firm actually do the repairs? **TOTAL \$** _____

If not, give name of Repairer

DATE Signature of Contractor

Address