# ELECTRICAL DAMAGE

**INSURANCE CLAIM REPORT** 



#### Please retain this page for your information

#### **ABOUT YOUR CLAIM**

- We will contact you as quickly as possible about your claim.
- If we need more information, we will contact you.
- Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact CGU Insurance on 13 24 80 (13 CGU 0).

#### **HOW YOU CAN RESOLVE A DISPUTE WITH US**

Our dispute resolution system is free and works like this:

- 1. Please advise the staff at your CGU Insurance office on 13 24 80 if you are dissatisfied with:
  - · our decision on your claim,
  - our handling of your claim,
  - the services of our loss adjuster or investigator.
- 2. The staff member will try to resolve the problem.
- 3. If unable to resolve it, the staff member will refer it to the supervisor or manager for attention. A decision concerning your complaint will be made within 15 business days of receipt.
- 4. If this fails to resolve your problem, you may request that the problem be referred to our internal dispute resolution staff. They will investigate the dispute and try to reach a satisfactory outcome with you, normally within 15 business days of the date you requested a referral.
- 5. If you do not accept our decision, you may take the problem to the Australian Financial Complaints Authority (AFCA), for an independent investigation. The AFCA can assist with private consumer and some small business type claims.

The telephone number for the Australian Financial Complaints Authority is 1800 931 678.

More detailed information about this process is available from your CGU Insurance office.



## ELECTRICAL DAMAGE CLAIM REPORT

Please answer all questions. This will help us process your claim quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

1.	Policy number (from your schedule)		Expiry date  D D / M M / Y Y		You can find the information for question 1 on your policy or renewal schedule.				
2.	Insured (	surname, coi	mpany, partnership	)					
	Given na	me(s) of insu	red		Con	tact person (f	or company	or partnership claims)	
	Email ad	dress							
3.	Are you	registered for	GST purposes?						
	No	Yes	What is your ABN	?					
	Have you	u claimed or	do you intend to cl	aim an input tax	credit on t	he GST applic	cable to this	policy?	
	No	Yes	Is the amount claim be claimed less the applicable to the p	an 100% of the		lo Yes	amo	ecify the percentage ount claimed or intended be claimed	%
	Are you	entitled to cla	im an input tax cre	dit for repairs o	r replaceme	ent of the dam	naged item(s	3)?	
	No	Yes	Is the amount clain	nable less than	100%? N	lo Yes	Spe	ecify the percentage claimal	ble %
4.	Address								
								Postco	de
5	Private te	elephone no.		Business telepl	hone no.		Facsimile r	10	
J.		лорионе не.							
		as the item da	amaged?						
			amaged? Time			m.			
6.	When was	as the item da	Time d item	a.	m. p.	m.			
6.	When was	as the item da	YYTime	a.	m. p.	m. Manufactu			
<ol> <li>7.</li> </ol>	When was Describe	as the item da / M M / the damage tem (e.g. was	Time d item shing machine, air o	a. conditioner, etc.	m. p.	Manufactu	urer		
<ol> <li>7.</li> </ol>	When was Describe	as the item da	Time d item	a. conditioner, etc.	m. p.		urer		
<ul><li>6.</li><li>7.</li><li>8.</li></ul>	When was Describe  Type of its  Year of notes	as the item da / M M / the damage tem (e.g. was	Time d item shing machine, air o  Model number	a. conditioner, etc.	m. p.	Manufactu	urer		
<ul><li>6.</li><li>7.</li><li>8.</li></ul>	When was Describe  Type of its  Year of notes	as the item da  / M M / the damage tem (e.g. was	Time d item shing machine, air o  Model number	a. conditioner, etc.	m. p.	Manufactu	urer aber		
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<ul><li>6.</li><li>7.</li><li>8.</li><li>9.</li></ul>	When was Describe Type of its Year of now When was Date	as the item date of the damage tem (e.g. was manufacture).	y y Time d item shing machine, air o Model number urchased? Purcha	a. conditioner, etc.	m. p.	Manufactu Serial num	urer aber		
<ul><li>6.</li><li>7.</li><li>8.</li><li>9.</li></ul>	When was Describe Type of its Year of now When was Date	as the item date of the damage tem (e.g. was manufacture).	Time d item shing machine, air of Model number urchased? Purcha	a. conditioner, etc. sed Second	m. p.	Manufactu Serial num	urer aber		
<ul><li>6.</li><li>7.</li><li>8.</li><li>9.</li></ul>	When was Describe Type of it  Year of note When was Date Lease the items of the control of the c	as the item date of the damage tem (e.g. was an anufacture as the item provided by the damage of the	Time d item shing machine, air of Model number urchased? Purcha New paired previously for	a. conditioner, etc. sed Second	m. p.	Manufactu Serial num	urer aber		

11. At what address is the item used?	Postcode					
12. Where can we inspect the item?						
13. Please describe what happened						
<ul><li>14. For what purpose was the item being used? Domestic Business</li><li>15. Who is repairing the item?</li><li>Name of repairer</li></ul>						
Address  • A licensed electrical repairer must also complete and sign the report overleaf.	Postcode					
<ul> <li>Please keep all damaged parts until your claim is settled. We may need to inspect them.</li> <li>Has the repairer been paid? No Yes Please attach the repair account</li> <li>16. Is the item under manufacturer's guarantee or warranty?</li> </ul>						
No Yes Indicate if from purchase date or from last repair  Name of guarantor  Address	Approximate amount owing \$					
17. Do you owe money on the damaged item?	Postcode					
No Yes Lender's name	Approximate amount owing \$					
Address	Postcode					
<b>18.</b> Was there any loss of frozen food as a result of the breakdown?						
No Yes List of damaged items	Amount claimed					
	\$					
	\$					
	\$					
	\$					
	\$					
	\$					
Total	\$					

#### Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of the insured or person with authority sign for and on behalf of a company or partnership

Date

D D / M M / Y

Please indicate the number of additional pages attached to this claim report

When complete, please forward the report to:
Email - claims@cgu.com.au
Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001
or send it to us via your Agent or Broker
Alternatively, claims can be lodged over the telephone 24 hours a day,
7 days a week by calling us on 13 24 80 (13 CGU 0)



## ELECTRICAL DAMAGE ELECTRICIAN'S REPORT

If the repairs would be uneconomical and the item needs to be replaced, please give a quotation below itemising the repairs that would have been required.

We will repair, replace or reinstate the damage, at our option.

We will advise our insured which of these we will do.

Customer's name						
					Repair	Quotation
Item needing repair		Manufactur	er			
Date of manufacture	Model number	Serial numb	per of item			
Make of motor/generator		Power			Voltage	Age
			KW	HP		
Serial number of motor						
Details of damage						
Burnelin and the state of the s						
Breakdown of repair and	service charges					
(If replacement of the motor, old unit in the replacement un	generator or sealed unit is recomme nit panel below)	ended, show	the amou	nt allowe	d on the	
Motor/Generator parts	Actual cause of damage (e.	a fueed wer	n brokon)		Amount char	ged (inc. GST)
	Actual cause of damage (c.	g. iuseu, woi	II, DIOREII)	\$	Amount char	gea (iiic. ası)
Winding of Stator						
Winding of Armature				\$		
Brushes				\$		
Bearings				\$		
Capacitor				\$		
Switch gear				\$		
			Sub	Total \$		

Sealed unit parts	Actual cause of damage (e.g. fused, worn, broken)	Amount charged (inc. GST)
Motor		\$
Compressor		\$
Ancillary fan		\$
Electrical controls		\$
Auxiliary equipment		\$
Refrigerant (flushing & recharging)		\$
	Sub Total	\$
Replacement unit		Amount charged (inc. GST)
Cost of replacement unit		\$
Less amount allowed on old un	it	\$
	Sub Total	\$
Other parts: Parts not describe	ed above (e.g. circuit breakers, mechanical items, casings, seals)	Amount charged (inc. GST)
		\$
		\$
		\$
		\$
	Sub Total	\$
Service charges		Amount charged (inc. GST)
Service charges Labour		Amount charged (inc. GST)
Labour	on and removal	\$
Labour Removal and installation	on and removal	\$
Labour  Removal and installation  Hire of loan motor inc. installation	on and removal	\$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs	on and removal	\$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	on and removal	\$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	on and removal	\$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	on and removal	\$ \$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	on and removal  Sub Total	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	Sub Total	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	Sub Total	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	Sub Total  Total parts and charges (inc. GST)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$
Labour  Removal and installation  Hire of loan motor inc. installation  Overtime costs  Transport costs	Sub Total  Total parts and charges (inc. GST)	\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$

Electrician's details	
Name of company repairing item	Business telephone no.
Address	
	Postcode
Name of electrician or technician	
Qualifications	ABN
Signature	Date

### **CONTACT DETAILS**

Enquiries 13 24 81 13 24 80 Claims

#### Mailing address

GPO Box 9902 in your capital city

**Sydney** Tower Two, Darling Park 201 Sussex Street Sydney NSW 2000

#### Melbourne

181 William Street Melbourne VIC 3000

#### Brisbane

189 Grey Street South Bank QLD 4101

#### Perth

46 Colin Street West Perth WA 6005

#### Adelaide

80 Flinders Street Adelaide SA 5000

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