

Claim Form

Machinery & Electronic Equipment

Insurance



IMPORTANT NOTES

PLEASE READ THESE GUIDANCE NOTES BEFORE COMPLETING THE CLAIM FORM. WHERE FURTHER INFORMATION IS REQUIRED PLEASE ATTACH IT TO THIS CLAIM FORM.

This Claim form must be typed, or completed in ink and signed and dated by such person (The Proposer) who must be of legal capacity. Please answer every question fully, and state "NIL" or "NONE" as applicable. Incomplete answers may not be accepted and can delay the process of the claim.

Should there be insufficient room in the Claim Form for full details, please attach further information on signed and dated sheets, wherever possible following the same format and paragraph number.

It is the duty of the Insured to disclose all material facts to Insurers. Where this is omitted, the Insurers may avoid their obligation under the Policy.

Your Duty of Disclosure

Consequences of Non-Disclosure or Misrepresentation - If you breach your duty of disclosure; the insurer(s) may be able to refuse to pay a claim. The same applies where you have made a misrepresentation, if fraudulent (ie. done deliberately for the purpose of obtaining insurance, or for obtaining it on favourable terms) the insurance company may be able to 'avoid' your policy. This means that the insurance company can treat the policy as never having existed. Non-disclosure or misrepresentation in relation to one policy may affect your ability to obtain other insurance in the future.

If you are unsure whether some information may be disclosable or not we suggest you call your insurance broker and seek guidance.

Privacy

We are committed to protecting your privacy. We only use the personal information you provide to us to process the claim and insure this risk. We only provide your personal information to our insurer(s) and reinsurers (and their representatives) and those we appoint to assist us with claims under your policy (ies). We do not trade, rent or sell your information. Some or all of the insurer(s) and reinsurers may be overseas.

If you don't provide us with complete information, we cannot properly assess your claim. You can check the information we hold about you at any time.

For more information about our Privacy Policy, ask us for a copy or view on our website.

Copies of the Claim Form should be retained for your own records

Complaints & Dispute Resolution Process

If you have a complaint about an insurance product issued by us or a service you have received from us, including the settlement of a claim, please contact your intermediary to initiate the complaint with us. If you are unable to contact your intermediary, call us on (07) 3442 3333.

We will respond to your complaint within 15 working days provided we have all necessary information and have completed any investigation required. If more information or investigation is required we will agree reasonable alternative timeframes with you.

If you are unhappy with our response or we cannot agree on reasonable timeframe alternatives, we will ask you to complete a Complaint Report Form and your complaint will be reviewed by our Internal Review Panel free of charge.

Complaints & Dispute Resolution Process

We will keep you informed of the progress of our review at least every 10 working days and give you our response in writing within 15 working days provided we have all necessary information and have completed any investigation required..

In the unlikely event that this does not resolve the matter or you are not satisfied with the way your complaint has been dealt with, you should contact Peter Fryer at:

Lloyd's Australia Limited,
Suite 2, Level 21 Angel Place,
123 Pitt Street, Sydney. NSW 2000
Telephone: (02) 9223 1433 Facsimile: (02) 9223 1466
Email: peter@lloydsaustralia.com.au

You will be advised whether your dispute will be handled by either Lloyd's Australia or the Complaints Department at Lloyd's in London.

Where you are a retail client and your dispute is eligible for referral to the Insurance Ombudsman Service (IOS), your dispute will be reviewed by a person at Lloyd's Australia with appropriate authority to deal with your dispute.

IOS will review our decision in accordance with their terms of reference. You are not bound by their decision. However, we are bound to act immediately on IOS's decision. This is a free service provided by an independent body. Brochures outlining the operations of IOS are available from us or the Insurance Council of Australia in your State or Territory. You can phone the IOS from anywhere in Australia on 1300 780 808 or write to them at:

Insurance Ombudsman Services Limited, PO Box 561, Collins Street West, Melbourne Vic 8007
Email: ios@insuranceombudsman.com.au

Where you are a retail client and your dispute is not eligible for referral to the IOS, or where you are a wholesale client, Lloyd's Australia will refer your dispute to the Complaints Department at Lloyd's, who will then liaise directly with you.

In this case, you may be eligible for referral to the Financial Ombudsman Service (UK). Such referral must occur within 6 months of the final decision by the Complaints Department at Lloyd's. Further details will be provided by the Complaints Department with their final decision to you.

Your dispute will be acknowledged in writing within 5 business days of receipt, and you will be kept informed of the progress of our review of your dispute at least every 10 business days. The length of time required to resolve a particular dispute will depend on the individual issues raised, however in most cases you will receive a full written response to your dispute within 15 business days of receipt, provided we have received all necessary information and have completed any investigation required.

This service is free of charge to policyholders.

Details

Policy Number

Insured

Contact

Phone Number

Are you registered for GST purposes? yes no What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy? yes no

What percentage of the GST did you claim or are you entitled to claim. %

Details of Loss of Damage

Date of Incident Time Day

Location of Equipment at time of Loss

Details of Damaged Item/s

Date of Loss Time of Loss

Type of Equipment Make Model No

Serial No Age of Equipment

Please provide proof of ownership of the damaged equipment

Details of loss including cause and circumstances

Repairs

Have repairs been carried out? yes no

Name of Repair Company Invoice or estimated cost

Repairer's Telephone contact number Mobile No

Please attach all invoices if repairs have been carried out.

