



# BurMac Insurance Solutions Equipment Breakdown Claim Form

Please complete all sections relevant to your claim and forward to our Claims Team:

Email: [claims@burmac.com.au](mailto:claims@burmac.com.au)

Fax: 02 6884 9230

Post: PO Box 1376 DUBBO NSW 2830

## INSURED DETAILS

Policy Number \_\_\_\_\_

Insured Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Insured Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Fax \_\_\_\_\_

Email \_\_\_\_\_

Preferred Contact Method please tick Phone  Email

## GST

Are you registered for GST? please tick Yes  No

If Yes, What is your ABN Number? \_\_\_\_\_

Have you claimed or intend to claim an input tax credit on the GST Component of the **premium applicable to the Policy**? please tick

No  Yes  If Yes, Specify amount claim % \_\_\_\_\_

Are you entitled to claim an input tax credit for repairs or replacement of the **item that has been lost or damaged**? please tick

No  Yes  If Yes, Specify amount claim % \_\_\_\_\_

## CLAIM PAYMENT DETAILS

If your claim is accepted and a cash settlement is due, the funds will be settled via an EFT payment. Please provide your banking details below.

Bank \_\_\_\_\_ BSB \_\_\_\_\_

Account Name \_\_\_\_\_ Account Number \_\_\_\_\_

## INCIDENT DETAILS

What **Date** did the Incident Occur? \_\_\_\_\_

What **Time** did the Incident Occur? \_\_\_\_\_

**Location** of Incident? \_\_\_\_\_

### Description of Item

<b>Make</b>		<b>Type</b>		<b>Model</b>	
<b>Serial Number</b>		<b>Manufacture Year</b>		<b>HP/KW</b>	

**How** did the incident occur? Please use as much detail as possible \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## REPAIRERS REPORT to be completed by Repairer

### Details of Repairer and Service Charges

Please indicate Yes or No if the following were repaired/replaced due to Electrical or Mechanical Damage

Item of Plant	No	Yes - Give Details	Repair Replacement Cost
Motor - Repair	<input type="checkbox"/>	<input type="checkbox"/>	\$
-Replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$
Bearings	<input type="checkbox"/>	<input type="checkbox"/>	\$
Shafting	<input type="checkbox"/>	<input type="checkbox"/>	\$
Electrical Controls	<input type="checkbox"/>	<input type="checkbox"/>	\$
Compressor - Repair	<input type="checkbox"/>	<input type="checkbox"/>	\$
- Replacement	<input type="checkbox"/>	<input type="checkbox"/>	\$
Auxiliary Fan	<input type="checkbox"/>	<input type="checkbox"/>	\$
Flushing/Recharging with Refrigerant	<input type="checkbox"/>	<input type="checkbox"/>	\$
Auxiliary Equipment	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other Repairs	<input type="checkbox"/>	<input type="checkbox"/>	\$
<b>Total</b>			\$

**Signature of Repairer** \_\_\_\_\_ **Licence Number** \_\_\_\_\_ **Date** \_\_\_\_\_

**Please attach all original repair/replacement invoices/work sheets with this claim form.**

Declaration: I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval.

**Signature of Insured** \_\_\_\_\_ **Date** \_\_\_\_\_

BurMac Financial Services Pty Ltd is a Corporate Authorised Representative of Insurance Advisernet Australia Pty Ltd. AFSL No: 240549.  
Corporate Authorised Representative No: 410980.

