

Machinery Breakdown Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability on the part of the company.

Please provide complete details to the questions asked on this form. If there is insufficient space for your answers please attach a separate page.



A.B.N. 78 090 584 473

1. Your Details

Policy Number:	
Name of Insured:	
Postal Address:	Post Code:
Phone Number:	Email:
Are you registered for GST? Y / N	ABN No:
What percentage of the GST charged on this policy are you entitled to claim as an Input Tax Credit?	%

2. Incident Details

Date of Occurrence:	Time:
Where did the event occur?	Post Code:
Describe what happened:	
Cost of repairs: \$	Have repairs been completed? Yes / No
Name of repairer:	
Are you claiming for deterioration of stock? Y / N If Yes, please attach supporting documents and a list with details.	

3. Equipment Details

Equipment type:	
Make:	Model:
Serial Number:	HP / KW
Age of Unit:	Is the unit covered by a warranty?
Are you the sole owner of the equipment? Yes / No	

4. 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 authorise The Hollard Insurance Company Pty Ltd to give to, or obtain from, other insurers or any insurance reference bureau, any information relating to this claim or any other claim made by me/us or any insurance held by me us.	
Insured/s Signature:	Date:

To avoid a delay in processing your claim, please attach all original repair invoices, receipts or quotes to this form.