Electronic Equipment Claim Form

The issue or acceptance of this form is not to be construed as an admission of liability by Lumley General Insurance.
Please complete all questions to prevent processing delays.

1. Client Details

Policy No.

Claim No.

Contact name

Insured

Postal address

Postcode

Phone number (w)

Phone number (h)

Mobile

Date of loss *(dd/mm/yyyy)*

2. Goods and Services Tax (G.S.T.)

To ensure that you do not incur any unnecessary GST Liabilities on this claim settlement please advise:

Australian Business Number (ABN), if applicable

Entitlement to an Input Tax Credit

%

3. Equipment Details

Location of damaged machine

Description of damaged machine

Details of damaged machine *(attach list if necessary)*

Make

Type

Model

Model

Serial No.

Year of manufacture

Estimate of cost of damage *(Please attach repairers report)*

$

Was any software lost or damaged?

No ☐   Yes ☐   If yes, what was it?

What caused the damage?

What is the replacement cost?

$

Was any data lost?

No ☐   Yes ☐

What was the nature of the data?

| |
| |

What caused the data loss?

| |
| |

What is the reinstatement cost?

$ | |

Did you keep back-up disks/data?

No ☐   Yes ☐   If so, are these useable? if "not" why not?

| |
| |
| |

If increased cost of working or business interruption is insured

What time did the equipment fail?

| | am/pm

Which department(s) are affected by the stoppage?

| |
| |

What is your approx. daily turnover?

$ | |

If you are incurring increased costs of working:
What is the daily cost of these?

$ | |

What are you purchasing with the increased costs?

| |
| |
| |

When do you anticipate repairs/replacement to the damaged machine to be completed? *(dd/mm/yyyyy)*

| |

Who is your company accountant?   Telephone (w)

| | | |

Please attach or keep all invoices/receipts in support of your claim. Do not destroy or otherwise relinquish possession of damaged parts in support of your claim

4. Privacy Statement

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

5. Declaration

I/we certify that the information given in this claim 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 in whole if the information is untrue, inaccurate or concealed.

Signature   Dated *(dd/mm/yyyy)*

| | | |

4. Privacy Statement

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

5. Declaration

I/we certify that the information given in this claim 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 in whole if the information is untrue, inaccurate or concealed.

Signature

Dated *(dd/mm/yyyy)*

LG0097 (03/06)