



Millennium Underwriting Agencies Pty Ltd  
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## MACHINERY/FUSION INSURANCE CLAIM FORM

### Client Details

Are you registered for GST purposes? Yes  No

What is your ABN? \_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_:\_\_\_\_\_

Have you claimed, or intend to claim an input tax credit on the GST component of the premium applicable to this policy?  
 No  Yes  If yes, will you be claiming an amount less than 100%? No  Yes   
 If yes, specify amount claimed? \_\_\_\_\_%

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?  
 No  Yes  If yes, will you be claiming and amount less than 100%? No  Yes   
 If yes, specify amount claimed? \_\_\_\_\_%

Agent/Broker: \_\_\_\_\_ Due Date: \_\_\_\_\_  
 Policy Number: \_\_\_\_\_ Claim Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_  
 Address: \_\_\_\_\_

Contact Number: Private: \_\_\_\_\_ Business: \_\_\_\_\_  
 Facsimile: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_  
 Location of equipment: \_\_\_\_\_

Are there any other insurances in force which would cover this loss in whole or in part?  
 Yes  No If yes, please give details

Insurer: \_\_\_\_\_  
 Policy No: \_\_\_\_\_

### Incident Details

Date of the incident: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of item:  
 \_\_\_\_\_  
 \_\_\_\_\_

Details of item:

Make: \_\_\_\_\_ Type: \_\_\_\_\_  
 Model: \_\_\_\_\_ Serial No.: \_\_\_\_\_  
 Year of Manuf.: \_\_\_\_\_ HP/kW: \_\_\_\_\_

## Incident Details (continued)

What happened?

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Is there any other loss from this incident?

Yes  No If yes, please give details

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Invoice Total: \$ \_\_\_\_\_

Amount Claimed: \$ \_\_\_\_\_

Name of Repairer: \_\_\_\_\_

Did the repairer travel to your premises?

Yes  No If yes, please advise distance travelled

\_\_\_\_\_ Km(s)

## Declaration and Authorisation

The information and answers given above are true in every detail. No information has been withheld.

I understand that the claim may be refused if information is withheld or false, misleading, untrue or concealed.

I authorise that Millennium Underwriting Agencies Pty Ltd give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

\_\_\_\_\_  
Signature of insured

\_\_\_\_\_  
Date

PLEASE CHECK THAT THIS FORM HAS BEEN FULLY COMPLETED AS ANY OMISSIONS MAY DELAY YOUR CLAIM.

