



Link Insurance Brokers

FUSION

Policy Number:		Client Code:		Excess: \$	
THE INSURED					
Name			Home Ph		
Address			Work Ph		Mobile Ph
Post code:					
Email Address					
Are you registered for GST? Yes <input type="checkbox"/> No <input type="checkbox"/>		What is your ABN?			
Have you claimed or do you intend to claim an input tax credit on the GST component of the premium applicable to the Policy?		No <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%			
		No <input type="checkbox"/> Yes <input type="checkbox"/> - 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 <input type="checkbox"/> Yes <input type="checkbox"/> - Will you be claiming an amount less than 100%			
		No <input type="checkbox"/> Yes <input type="checkbox"/> - Specify amount claimed %			
INCIDENT DETAILS					
Date of Occurrence			Time AM / PM		
Where did the loss occur?				Post Code	
How did the damage or loss occur?					
Is there any other loss from this incident (eg: food spoilage)? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide details:					
FUSION – DAMAGE BY ELECTRIC CURRENT TO MOTORS					
Type of appliance to which motor is a part					
How many Kilowatts is the motor?			Kilowatts		
Is the motor under warranty?		No <input type="checkbox"/> Yes <input type="checkbox"/>			
Has the damaged motor been repaired?		No <input type="checkbox"/> Yes <input type="checkbox"/>			
If it has been repaired, by whom?					
How old is the motor / item?			Years		
A full report from the electrical contractor who completed the repairs must accompany this form. Failure to provide this report may delay your claim.					
DECLARATION AND AUTHORISATION					
The information and answers given above are true and complete in every detail. I understand the claim may be refused or reduced if information is withheld.					
Signature of Insured				Date	

REPAIRER'S REPORT

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"/>	\$
	<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"/>	\$
Electrical Controls	<input type="checkbox"/>	<input type="checkbox"/>	\$
Other Repairs	<input type="checkbox"/>	<input type="checkbox"/>	\$
TOTAL			\$
Signature of Repairer:		Licence number:	Date: