

TO BE COMPLETED BY THE INSURED

REPAIR DETAILS - MACHINERY, BOILER EXPLOSION OR ELECTRONIC EQUIPMENT

An ITEMISED AND COSTED Repairer's Quotation must be attached to enable us to assess your claim.

- (1) Has the damage been repaired? No Yes
 If "yes", attach copy of repair invoice and ensure the repairer completes page 3 of this form.
- (2) Was a quotation obtained? No Yes
 If "yes", indicate if it was: (a) verbal No Yes
 (b) written (please attach copy) No Yes
- (3) Name of Repairer: _____ Telephone No. _____
 Contact Name _____
 Email Address _____
- (4) If repaired, did the repairs entail:
 (a) penalty rates for overtime, night, holiday or shift work? No Yes
 (b) express charges or airfreight of parts? No Yes
- (5) Have any repairs of a temporary nature been made? No Yes
 If "yes", please describe the repairs: _____
- (6) While the plant is down, is any additional work being completed, other than the repairs as a result of the damage? No Yes
 If "yes", (a) describe repair work being completed which is not as a result of the damage: _____
 (b) Cost \$ _____

REFRIGERATED STOCK (When refrigerated stock is not kept for our inspection, written advice must be obtained from the appropriate local health authority, confirming their inspection and condemnation of the damaged goods. Please attach the advice to this form.) - TO BE COMPLETED IF OPTIONAL COVER IN PLACE.

- (1) Give details of refrigeration system holding stock (e.g. Cool Room) _____
- (2) Where can the damaged goods be inspected? _____
- (3) Give details of all stock being claimed for. (Please attach Invoices for the (a) original purchase of damaged stock; and (b) purchase of stock that replaced the stock damaged.)

Description	Quantity	Date of Purchase	Name of Supplier	Actual Cost price	Amount claimed	ITC %

If insufficient space please attach separate list

ELECTRONIC EQUIPMENT

- (1) Was the loss/damage due to burglary or theft? No Yes
 If "yes", please give details:
 (a) Police Station at which report was made and Police Report Number _____
 (b) Date reported _____ Time _____ am/pm
- (2) Is this a claim for Loss of Information - Data Processing Media? No Yes
 If "yes", please give details: Time required _____ hours Estimated cost to reconstruct the data \$ _____
- (3) Is this a claim for Increased Cost of Working? No Yes
 If "yes", please give details of the substitute equipment _____
- (4) What is the estimated expenditure? \$ _____

DECLARATION

I/We declare that the said theft or loss occurred without my/our knowledge or consent.

I/We have not sought to benefit unjustly from this claim by fraud, wilful misrepresentation or exaggeration.

I/We declare that the information supplied on this claim form is true in every respect.

I/We consent to the Insurer, in assessing or otherwise dealing with this claim, disclosing my/our personal information to or coecting my/our personal information from related entities, other insurers, insurance reference bureaux, investigators, or other parties providing services to the Insurer.

I/we agree that, by submitting this form, the personal information I/we provide in this form or otherwise may be collected, held, used and disclosed in the manner set out in our Privacy Policy. Where I/we have provided information about another individual, I/we confirm that I/we have provided notice to and obtained the consent of that individual in the manner required in the Privacy Policy.

Note: A copy of the Privacy Policy is on our website www.sgic.com.au/privacy or can be sent to you by contacting us on 133 233.

Signed _____ Date ____ / ____ / ____

