

## Machinery Claim

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**A. NOTES**

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as \* are in the currency of the country in which the policy has been issued.
5. Markets  
Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

| Market           | Business Name                         | Please tick |
|------------------|---------------------------------------|-------------|
| Fiji             | QBE Insurance (Fiji) Limited          |             |
| Papua New Guinea | QBE Insurance (PNG) Limited           |             |
| Solomon Islands  | QBE Insurance (International) Limited |             |
| Vanuatu          | QBE Insurance (Vanuatu) Limited       |             |

Note: For any other markets please contact the local QBE office.

6. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
  - a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
  - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
 and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

**B. INSURED DETAILS**

1. Name of insured: .....
2. Address: .....  
..... Postcode: .....
3. Private tel no: ..... Business tel no: .....  
Mobile tel no: ..... Fax no: .....  
Email: .....
4. Occupation: .....
5. Location of equipment: .....
6. Are there any other insurances in force which would cover this loss in whole or in part? YES  NO   
If "YES", please give details .....  
.....  
Name of insurer: ..... Policy no. ....

**C. INCIDENT DETAILS**

1. Date of incident: \_\_\_/\_\_\_/\_\_\_
2. Description of item: .....  
.....  
.....
3. Details of item: Make: ..... Type: ..... Model: .....  
Serial no. .... Year of manufacture: ..... HP/kW: .....
4. What happened? .....  
.....  
.....
5. Is there any other loss from this accident? YES  NO   
*If "YES", please give details*  
.....  
.....  
**Invoice total:** \* .....
- Amount claimed:** \* .....
6. Where can damaged plant be inspected?  
.....  
.....

**D. THE REPAIRER**

1. Name of repairer: .....
2. Did the repairer travel to your premises? YES  NO   
*If "YES", please state the distance travelled: ..... kms*

**E. REPAIRER'S REPORT**

**To be completed by the repairer.**

Please indicate if the following were repaired / replaced due to electrical or mechanical damage.

| Item of plant       |             | Yes                                    | No                       | Repair/replacement cost * |
|---------------------|-------------|--|--------------------------|---------------------------|
|                     |             | If YES, please give details separately |                          |                           |
| Motor               | repair      | <input type="checkbox"/>               | <input type="checkbox"/> |                           |
|                     | replacement | <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"/> |                           |

| Item of plant                          |             | Yes                                    | No                       | Repair/replacement cost * |
|--|-------------|--|--------------------------|---------------------------|
|  |             | If YES, please give details separately |                          |                           |
| 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"/> |                           |
| Auxiliary equipment                    |             | <input type="checkbox"/>               | <input type="checkbox"/> |                           |
| Other repairs                          |             | <input type="checkbox"/>               | <input type="checkbox"/> |                           |

Signature of repairer: .....

Licence number: .....

Date: \_\_\_/\_\_\_/\_\_\_

**All original repairs / replacement invoices / work sheets must be submitted to us with this claim as soon as practical.**

## F. DECLARATION

I/We declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured: .....

Date: \_\_\_/\_\_\_/\_\_\_

### Asia Pacific Head Office

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Sydney N.S.W. 2000  
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#### Licensed insurers for the Pacific Islands region:

##### Fiji

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##### PNG

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Tel: + (675) 3212 144  
Fax: + (675) 3214 756  
Info: [info.png@qbe.com](mailto:info.png@qbe.com)  
[www.qbe.com/asiapacific](http://www.qbe.com/asiapacific)

##### Solomon Islands

QBE Insurance (International) Limited  
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Vanuatu

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##### French Polynesia

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98845 Noumea-Cedex  
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For literature in use in the French Territories above,  
please contact the local QBE office in each of these countries.



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