

QBE Machinery and Electronic Equipment Claim

QBE Pacific Islands



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	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

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

6. Jurisdiction

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 exclusive 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 exclusively justiciable before the Supreme Court of Vanuatu.

B. Insured details

Name of insured	<input type="text"/>	Policy number	<input type="text"/>
Address	<input type="text"/>		
Private tel. no	<input type="text"/>	Business tel. no	<input type="text"/>
		Mobile tel. no	<input type="text"/>
Fax no	<input type="text"/>	email	<input type="text"/>
Occupation	<input type="text"/>		
Location of equipment	<input type="text"/>		

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	<input type="text"/>	Policy number	<input type="text"/>
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7. Is there a maintenance agreement in place on the damaged equipment? Yes No

If "Yes", please give details.

C. Incident details

1. Date of incident

2. Description of item

3. Details of item

Make	<input type="text"/>	Type	<input type="text"/>	Model	<input type="text"/>
Serial no	<input type="text"/>	Year of manufacture	<input type="text"/>	HP/KW	<input type="text"/>

4. What happened?

5. Is there any other loss from this accident? If "Yes", please give details. Yes No

Invoice total *	<input type="text"/>	Amount claimed *	<input type="text"/>
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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

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

Please ask your repairer to fill in section F on the next page.

E. Signature and declaration

I/we declare that:

- The information and answers given above are correct to the best of my/our knowledge and belief.
- I/we understand the claim may be refused or reduced if information is withheld.
- 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

Fiji
QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade
 Suva
 Tel: + 679 331 5455
 Fax: + 679 330 0285
 email: info.fiji@qbe.com
 qbepacific.com

Papua New Guinea
QBE Insurance (PNG) Limited

QBE Building, Musgrave Street
 Port Moresby
 Tel: +675 321 2144
 Fax: +675 321 4756
 Email: info.png@qbe.com
 qbepacific.com

Solomon Islands
QBE Insurance (International) Pty Limited

Panatina Plaza, Prince Philip
 Highway, Honiara
 Tel: + 677 388 84
 Fax: + 677 388 87
 Email: info.sol@qbe.com
 qbepacific.com

Vanuatu
QBE Insurance (Vanuatu) Limited

Level 2, Office 2a - 2c / 2g
 Tana Russet Complex, Port Vila
 Tel: + 678 353 00
 Fax: + 678 355 10
 Email: info.van@qbe.com
 qbepacific.com

F. Repairer's report

To be completed by the repairer.

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

Motor - repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
- replacement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Bearings	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Shafting	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Electrical controls	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Compressor - repair	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
- replacement	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Auxiliary fan	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Flushing / recharging with refrigerant	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Auxiliary equipment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Circuit boards	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Disc drives (specify type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
Type	<input type="text"/>			
If "Yes", please give details	<input type="text"/>			
Tape drives (specify type)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
Type	<input type="text"/>			
If "Yes", please give details	<input type="text"/>			
Other repairs	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Repair/replacement cost *	<input type="text"/>
If "Yes", please give details	<input type="text"/>			
Repairer's name	<input type="text"/>	Company	<input type="text"/>	
Signature of repairer	<input type="text"/>			
Licence number (where applicable)	<input type="text"/>			
Date	<input type="text"/>			