



Claim Form

Boiler and Machinery, Electronic Equipment and Stock Spoilage

In the event of stock spoilage as a result of accident and where cover is provided please give details of loss on opposite side of this form. This form to be completed as fully as possible and immediately returned.

Full Name of Insured

Address

Business Occupation Telephone

Policy No. & Due Date

Description of machine or property damaged (include Make, Type, Size, etc.) Serial No.

Age of Property Date of Last Overhaul

Is Property regularly maintained? Yes No

If so, by whom and how often

Present Day Value \$ Replacement Value \$

Time, date and place of accident

Date Day of Week Time am pm

Location

Cause of damage

Description of damage

Where may damaged item be inspected

Repairs

Name of Repairer

Address of Repairer

Does repair entail any overtime or express carriage of goods? Yes No

Is any work, other than repairs necessitated by damage, being carried out whilst item is dismantled? Yes No

Have repairs been authorised? Yes No If so, in writing or verbally

Date Authorised Date of Commencement Estimated Cost of Repairs \$

Damage by Third Parties

Was damage caused by Third Party or Parties? Yes No

If so, state: Name(s)

Address(es)

Has a claim been made against Third Party or Parties? Yes No

Other Insurance

Are there any other Insurances in force covering damaged property? Yes No

If so, state Name/Address of Company concerned

Is damaged property covered by any guarantee or indemnity? Yes No

I/We hereby declare that the particulars shown on this form are true and that I/we have not concealed any material fact relating to this claim. I/We also declare that I am/we are the sole owner(s) of the plant described herein.

Date / /

Please detail all receipts/invoices for repairs or particulars of stock spoilage

Date and time of accident Situation

Date and time loss discovered By whom

Were health authorities notified? Yes No

If so, was a certificate condemning stock issued? Yes No If so, please attach same.

Where and when was stock disposed?

Was a dumping certificate issued? Yes No

Please attach supporting invoices showing cost price as proof of loss.

Item	Date of invoice or quantity of spoilt stock	Description of articles damaged or spoilt stock	Unit Cost Price	Total Cost Price
Sub-Total				
Total				

Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, and maintain and improve customer service. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, United Kingdom, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

I/We declare the above information to be true and correct to the best of my/our knowledge and belief.

Signature of Insured

Date

/ /

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD



Bring on tomorrow

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