



ELECTRICAL DAMAGE CLAIM FORM

Please answer all questions. This will help us to process your claim quickly. If you need more space to answer any of the questions, please use a separate sheet of paper. Any attachments will form part of this claim report and the declaration will include them.

MGIB Reference

Policy No.

Insured Name

Contact Person/Address/Telephone Number

Are ☐ you registered ☐ for GST purposes?

No ☐
ABN?

Yes ☐

What is your

☐ No

☐ Yes

Will you be claiming an amount less than

Have you claimed or intend to claim an input
Tax credit on the GST component of the
Premium applicable to this policy?

☐ No

☐ Yes

Specify amount claimed

☐ No

☐ Yes

Will you be claiming an amount less

Are you entitled to claim an input tax credit
For repairs or replacement of the item that
Has been lost or damaged?

☐ No

☐ Yes

Specify amount claimed

Address

When was

the item damaged?

Time

AM/PM

Describe the damaged item

Type of Item
(EG washing

machine, air conditioner etc)

Manufacturer

Year of manufacture

Model Number

Serial Number

☐

When was

☐

the

item purchased?

Date

Purchased

Age of Item

New

Secondhand

☐☐

Has the item been repaired previously for similar damage?

No Yes When was the item previously repaired?

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Business ☐

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Is the item under manufactur-		er's guarantee		or warranty?
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[illegible]

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

I consent to MGIB and my insurer using my personal information I have provided on this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice, however, my Insurer may not be able to process my claim.

I consent to MGIB and my insurer disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to MGIB and my insurer also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of Insured

Date

MGIB Contact details:

P O Box 1136
Bunbury WA 6230
PH 08 9722 3700
FAX 08 9791 1635

P O Box 1735
West Perth WA
PH 08 9213 9888
FAX 08 9481 4311

Free call: 1300 762 146
Email: info@mgib.com.au



ELECTRICAL DAMAGE ELECTRICIANS REPORT

If the repairs would be uneconomical and the item needs to be replaced, please give a quotation below itemising the repairs that would have been required. Your insurance company will repair, replace or reinstate the damaged, at their option. You will be advised of which option they will take.

Customers Name

Repair ☐ Quotation ☐

Item needing repair

Manufacturer

Date of Manufacture

Model Number

Serial No. of item

Make of motor/generator

Power

KW

Voltage

Age

HP
Seri-

al

num-

ber

of motor

BREAKDOWN OF REPAIR & SERVICE CHARGES

Details of damage

If replacement of the motor, generator or sealed unit is recommended, show the amount allowed on the old unit in the replacement unit panel below

MOTOR/GENERATOR PARTS

Winding of

Actual cause of damage

Amount

Charged (incl GST)

- Stator

- Armature

Brushes

Bearings

Capacitor

Switch gear

Sub Total

SEALED UNIT PARTS

	Actual cause of damage	Amount Charged (incl GST)
Motor		
Compressor		
Ancillary fan		
Electrical Controls		
Auxiliary equipment		
Refrigerant (flushing & recharging)		
		Sub Total

REPLACEMENT UNIT

Cost of replacement unit		Amount Charged (incl GST)
Less amount allowed on old unit		
		Sub Total

OTHER PARTS

Parts not described above		Amount Charged (incl GST)