

Millennium

Underwriting Agencies

Residential Strata Fusion Claim Form

Residential Strata Fusion Claim Form

Claims Procedure

This claim form is to be completed when Your Property has been lost, damaged, stolen or destroyed. It may be necessary for You to arrange urgent temporary repairs to protect Your Property.

It is necessary for You to complete all Sections of this claim form. Please answer all parts of the appropriate questions relevant only to the type of claim that You are lodging. If there is insufficient space provided for any information requested or to be supplied, please supply these details on a separate sheet and attach to the claim form.

Please attach (or promptly supply) where possible the original repair invoice or quotations with this completed form as well as any notices to the Police for Property lost or stolen or any Malicious Damage.

On receipt of the above We will assess and administer Your claim in accordance with Your Policy. We will also keep You informed of any other requirements should they be required and we will keep you advised on the progress on the processing of Your claim. If You have any queries on any of the information required on this form, please do not hesitate to contact Your Authorised Representative or Broker or Millennium Underwriting Agencies Pty Ltd

Privacy

Millennium Underwriting Agencies Pty Ltd respects your privacy and complies with the Privacy Act and the Australian Privacy Principles. A copy of our Privacy Policy is available at www.millennium.com.au

Complaints Procedure

If you do not agree with any decision we make in relation to the Policy, please write to us stating what you disagree with and why.

We will then resolve or attempt to resolve your complaint immediately, or we will refer the matter to our Internal Dispute Resolution Committee (IDRC). If you are not satisfied with a decision by the IDRC, the matter may be referred to an independent dispute resolution body, Financial Ombudsman Service (FOS), provided the matter falls within their jurisdiction.

Financial Ombudsman Service (FOS)
Freecall 1300 78 08 08
Post: GPO BOX 3, Melbourne Victoria 3001
Website: www.fos.org.au
Email: info@fos.org.au

The Insurance Contracts Act 1984 (as amended) requires you to provide all information which your insurer may reasonably require, and stipulates that any omission may adversely affect the cover under your Policy.

If you would like more information on your Duty of Disclosure (or any other aspect), please contact your Authorised Representative, Broker or Millennium Underwriting Agencies Pty Ltd

Client Details

Name of Insured:

Due Date:

Agent/Broker:

Client Details *(continued)*

Address of Insured:

Contact Person:

Contact Number:

Email:

Occupation:

Are you registered for GST purposes?

If yes, what is your ABN?

Yes No

Have you claimed, or are you entitled to claim an input tax credit on the GST component of the premium applicable to this policy?

Yes No

If yes, will you be claiming an amount less than 100%?

If yes, specify amount claimed (%):

Yes No

Policy Number:

Incident Details

Date of Incident:

Location of Equipment:

Description of Item:

Details of Item:

Make:

Model:

Type:

Serial:

Year of Manufacture:

HP/kW:

Incident Details *(continued)*

The item is used for:

Residential Purposes Farm Purposes Both

Describe in detail what happened to the item:

Is there any other insurance policy which would cover this loss, theft or damage?

Yes No

If yes, please provide details:

Is there any other loss from this incident?

Yes No

If yes, please provide loss details:

Invoice Total:

\$

Amount Claimed:

\$

Name of repairer:

Phone Number:

Did the repairer travel to your premises?

If yes, please provide the distance travelled (Km):

Yes No

EFT Details

Please provide your preferred bank account details below. Settlement will be made into this account, if required:

Account Name:

Name of Bank:

Branch:

BSB Number:

Account Number:

Repairers Report (to be completed by the repairer)

1. Please refer to a copy of the statement form at the end of this document, which is to be completed by the repairer.
2. Once completed, include the form in an envelope and post to the below address.

Declaration

I/We solemnly and sincerely declare:

That the information supplied on this Claim Form and Statement of Claim is true in every respect.

1. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed
2. That there was no other insurance covering this loss current at the date of this incident.
3. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Submission

- By ticking this box, I acknowledge this declaration and acknowledge that the information I have supplied to be true and accurate to the best of my knowledge.

Please print name:

Signed:

Date:

/ /

Please complete and return this form to:

Millennium Underwriting Agencies Pty Ltd
PO Box 309 Kent Town SA 5071

Repairers Report *(to be completed by the Repairer)*

Name of repairer:

Phone number:

Fax number:

Email address:

Details of Repair and Service Charges

Please indicate YES or NO if the following were repaired/replaced due to Electrical or Mechanical Damage.

Item of Plant:	No:	Yes: (Please give details)	Repair / Replacement Costs:
Motor - Repair	<input type="radio"/>	<input type="radio"/>	\$
Motor - Replacement	<input type="radio"/>	<input type="radio"/>	\$
Bearings	<input type="radio"/>	<input type="radio"/>	\$
Shafting	<input type="radio"/>	<input type="radio"/>	\$
Electrical Controls	<input type="radio"/>	<input type="radio"/>	\$
Compressor - Repair	<input type="radio"/>	<input type="radio"/>	\$
Compressor - Replacement	<input type="radio"/>	<input type="radio"/>	\$
Auxilliary Fan	<input type="radio"/>	<input type="radio"/>	\$
Flushing / Recharging with Refrigerant	<input type="radio"/>	<input type="radio"/>	\$
Electrical Controls	<input type="radio"/>	<input type="radio"/>	\$
Auxilliary Equipment	<input type="radio"/>	<input type="radio"/>	\$
Other Repairs	<input type="radio"/>	<input type="radio"/>	\$
TOTAL			\$

Please ensure all worksheets / reports / quotations / replacement invoices have been attached.

Description of the failure / damage:

Signature of Repairer:

Licence No.:

Date:

/ /