

Home & Contents Insurance Electrical Damage Claim



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DETAILS OF INSURED

Surname Given Name/s Policy/Claim number

Permanent Postal Address Postcode

Occupation Home Phone Business Mobile

Email

Address of Premises Where Damage Occurred

Name of Occupant of Premises

2

DETAILS OF DAMAGE

Description of damage

Date of damage Time of damage : am pm

Type and make of appliance Model Number

Age of appliance Is appliance used for domestic or commercial use?

If a swimming pool – is it below or above ground? Was appliance purchased new or second hand?

Has motor been replaced/rewound before? What is the guarantee period of damaged motor?

Have you had the motor repaired? If not repaired, what is the cost of a replacement appliance?

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DETAILS OF ITEMS

Schedule of articles in respect of which a claim is made. To be completed by member for frozen food.

Item no.	Description	Quantity	Date Purchased	Original Purchase Price	Place of Purchase	Purchasing Method (i.e. cash, credit card etc)	Proof of Ownership Attached (Yes/No)

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CONDITIONS

It is important to note that the company is not liable for:

1. a) loss of use, depreciation, wear and tear
b) hire of loan motors
c) replacement of worn and/or broken bearings or switch gear or other mechanical damage
d) the drier, valve or flushing and recharging with refrigerant.
2. Destruction or damage to:
 - a) Lighting or heating elements, fuses or protective devices
 - b) Electrical contacts at which sparking or arcing occurs in ordinary working
 - c) Rectifiers, radio, television, amplifying or electronic equipment of any description.

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DECLARATION

I/We declare that:

1. The information contained in this claim form is true and complete in every respect, and I have not withheld any relevant information.
2. HBF Insurance is authorised to obtain any statement made in relation to this claim form from the Police and any particulars in relation to any criminal convictions.
3. HBF Insurance is authorised to obtain details from my lender of the amount owing in respect to the insured property.
4. HBF may lawfully refuse to pay this claim if fraudulent information is included in this claim or material facts have been fraudulently concealed or omitted.
5. I consent to HBF Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to HBF Insurance also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

Signature of Policyholder

Date

D	D	M	M	Y	Y
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Signature of Policyholder

Date

D	D	M	M	Y	Y
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DETAILS OF DAMAGED MOTOR To be completed by the Repairer

Make of damaged motor

kW

R.P.M

Model

Age

Is the motor under guarantee? Yes No

Details of damage

Cause of damage

Condition of motor

If new motor is used as a replacement –

Make of motor

kW

R.P.M

Price

Serial Number



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