Equipment breakdown claim form

If you need more room for your answers, please attach a separate sheet, indicating the Section and Question you wish to complete.

Policy number

To notify us of your claim please either:

1. Call 1300 888 073 to speak to a Claims Professional who will be happy to lodge your claim over the phone, or
2. Complete this claim form, attach any documents and send it to:

GPO Box 346
Sydney NSW 2001
Facsimile: 1300 066 950
Email: lodgeclaim@vero.com.au

10 Shelley Street
Sydney NSW 2000

Section 1 – Insured and contact details

Full name of policy holder

Full name of main contact

Main contact relationship to policy holder

Telephone number B/H ( )

Telephone number A/H ( )

Fax number ( )

Mobile number ( )

Email

Section 2 – Goods and Services Tax (This section must be completed for all claims)

To ensure you do not incur any unnecessary GST liabilities on your claim please complete these details.

Are you registered for GST purposes?

No ☐ Yes ☐ What is your ABN?

If you have an ABN, have you claimed or are you entitled to claim an Input Tax Credit (ITC) on the GST paid on this policy?

No ☐ Yes ☐ Is the amount claimed less than 100% of the GST applicable to the premium?

No ☐ Yes ☐ Specify the percentage amount claimed %

Section 3 – Details of claim

When did the loss/damage occur?

Date / /

Full address where loss/damage occurred

State Postcode

Description of damaged item

State what happened to lead to the loss/damage

Section 4 – Invoice/quote

Have the repairs been completed? No ☐ Yes ☐

Has the invoice been obtained? No ☐ Yes ☐

Has the quote been obtained? No ☐ Yes ☐

Has a repairer report been obtained? No ☐ Yes ☐

If Yes, please attach a copy of the invoice/quote/repairer report to the completed claim form.

Section 5 – Payment details

For accepted claims please confirm the policy holder's preferred payment.

☐ For faster payment, provide your bank details for a direct credit to your nominated bank account. We cannot deposit into a credit card account.

Account holder

BSB number

Account number

A notification will be issued to you when the claim payment has been electronically deposited.

☐ Send a cheque to my preferred address.

Full address

State Postcode

Section 6 – Privacy statement

AAI Limited trading as Vero Insurance is the insurer and issuer of your commercial insurance product, and is a member of the Suncorp Group, which we'll refer to simply as "the Group".

Overseas disclosure

Sometimes, we need to provide your personal information to – or get personal information about you from – persons or organisations located overseas, for the same purposes as in 'Why do we collect personal information?' The complete list of countries is contained in our Group Privacy Policy, which can be accessed at www.vero.com.au/privacy, or you can call us for a copy.

From time to time, we may need to disclose your personal information to, and collect your personal information from, other countries not on this list. Nevertheless, we will always disclose and collect your personal information in accordance with privacy laws.

How to access and correct your personal information or make a complaint

You have the right to access and correct your personal information held by us and you can find information about how to do this in the Suncorp Group Privacy Policy.

The Policy also includes information about how you can complain about a breach of the Australian Privacy Principles and how we'll deal with such a complaint. You can get a copy of the Suncorp Group Privacy Policy. Please use the contact details in Contact Us.

Contact us

For more information about our privacy practices including accessing or correcting your personal information, making a complaint, or obtaining a list of overseas countries you can:

Visit www.vero.com.au/privacy.

- Speak to us directly by phoning one of our Sales & Service Consultants on: 1300 888 073 or by
- Email us at privacyaccessrequests@vero.com.au

Declaration

I/We acknowledge that I/We have read and agree to the privacy consent and authorisation documented at www.vero.com.au/privacy.

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief. I/We acknowledge that a claim may be refused and/or the policy may be cancelled if the answers or information I/We provide is untrue, inaccurate or concealed.

Policyholder or Agent Name

Date / /