



MSIG

Mitsui Sumitomo Insurance Company, Limited
ABN 49 000 525 637
AFS Licence No.240816

Marine cargo/goods in transit claim form

The issue of this form does not constitute and admission of liability on the part of the insurer.

Policy number	<input type="text"/>	Claim number	<input type="text"/>
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This claim form is to be used when claiming for goods which have been lost or damaged in transit. On completion, please forward this claim form to your broker or email to msi@qbe.com as soon as possible so that you can receive our prompt attention.

- Please note:**
- Repairs or replacement must not be authorized without our approval
 - A written letter of demand should be sent to the carrier/ship/airline holding them liable for the loss

The insured

Surname		Given name(s)	
Insured's name <input type="text"/>			
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Will you be claiming an amount less than 100%?	<input type="text"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Specify amount claimed	<input type="text"/> %
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Will you be claiming an amount less than 100%?	<input type="text"/>
	No <input type="checkbox"/> Yes <input type="checkbox"/>	– Specify amount claimed	<input type="text"/> %
Address <input type="text"/>			
Business ()		State	Postcode
Private ()			
Contact number(s)	Facsimile ()	Mobile	
Email <input type="text"/>			

The goods

Please

Are you the owner of the damaged/lost goods? No Yes

If 'No', please provide details of the owner.

Please provide a description of the goods.

Please provide the following details in the event of a claim for damage
If the goods are damaged, where can they be inspected?

Name Phone number ()

Please provide the following information in the event of a theft claim (please note that the Police must be notified of any stolen goods).

Police station Report number Date / / /

