



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"/>	<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%?	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%?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/> %
Address			
		State	Postcode
Contact number(s)	Business	()	Private
	Facsimile	()	Mobile
	Email		

The goods		
Are you the owner of the damaged/lost goods?	Please ✓ No <input type="checkbox"/> Yes <input type="checkbox"/>	
If 'No', please provide details of the owner.		
<input type="text"/>		
Please provide a description of the goods.		
<input type="text"/>		
Please provide the following details in the event of a claim for damage		
If the goods are damaged, where can they be inspected?		
<input type="text"/>		
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
<input type="text"/>	<input type="text"/>	<input type="text"/> D D / M M / Y Y

The transit

Please provide details of the transit.

Carrier's name

Journey From To Date / /

Type of transport Road carrier Own vehicle Sea Air Post Rail Other (please specify)

The loss

When was the loss first discovered? / /

What caused the loss?

Details of claim

Describe the loss or damage (if insufficient room, please attach separate schedule).

Item (include make, model, age)	Details of loss or damage	Sum insured	Amount claimed
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
Total amount claimed			\$

The following documents are required in support of your claim. Please when attached.

Letter of claim on the carrier/ship/airline Invoice showing value of goods claimed Consignment note/bill of lading/airway bill

The reply (if any) from the carrier/ship/airline Repair quotations (if applicable)

If any of the above documents are not available, please let us know the reason why.

Payment details

Would you like the funds deposited to your Australian bank account by electronic transfer? Yes No

Bank name BSB

Account name Account number

Privacy

Mitsui Sumitomo Insurance co. Ltd., includes information about how we manage your personal information in our Product Disclosure Statements. You can obtain a copy of the Mitsui Sumitomo Insurance Privacy Policy from our website www.msi-oceania.com or contact the Privacy Officer on 02 9222 7600 or email msiaus@ms-ins.com.

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

- I/we understand the claim may be refused if information is not true or is withheld.
- I/we authorise Mitsui Sumitomo Insurance Company Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured 1. Date /

Signature of insured 2. Date /

Please check that this form has been fully completed as any omissions may delay your claim.