

NOTES: The issue of this Claim Form is not an admission of liability on our part. All questions must be fully answered in either black or blue pen. Please print clearly and tick (✓) appropriate boxes to indicate 'YES' or 'NO' answers.

Details of Insured

Policy Number

Claim No.

Name of Insured			
Are you a GST registered company?		Yes	No
If yes, what is your ABN?		ABN	
Will you claim a 100% input tax credit on the GST in your insurance premium?		Yes	No
If No, what percentage will you be claiming?		%	
Address		For Survey Purposes	
		Contact Name:	
Email address.		Contact Tel. No. :	

Transit Details

What date were the insured goods moved?
When were the insured goods delivered to their destination?
What is the name and address of the carrying company that moved the insured goods within Australia?
The insured goods were in transit from: _____ to: _____
Where are the goods now?

Please state the cause of Loss or Damage

Details of Loss or Damage

Who first noticed the loss or damage, and when/ date?			
Were details of the loss or damage noted on the delivery docket?		Yes	No
Have you written to the carrier holding them responsible? (If not, please do so).		Yes	No
Theft or non delivery of goods were reported to Police at			
(date)		(time)	

Details of Goods lost, damaged, destroyed or stolen

List the goods lost, damaged, destroyed or stolen	If lost, stolen or destroyed, What is the invoice value or Value declared for insurance?	If damaged, what is the estimated repair cost?		
Total Amount Claimed		\$		
Will you be claiming a 100% input tax credit for the replacement/repairs?		Yes	No	
If "No", what percentage input tax credit will you be claiming?		%		

Please attach the following documents where applicable:-

- Commercial Invoice
- Copy of Carrier's reply when available
- Inventory or Packing List
- Quotation for Replacement/Repairs
- Consignment Note incl. terms and conditions
- Police Report
- Copy of Non-delivery/Shortage Receipt
- Any other documents that you think may assist us in understanding your claim
- Copy of Claim on Carrier

To enable us to promptly deal with your claim, please submit this claim form and available supporting documents as soon as possible. Further documentation, such as the Carrier's reply, should be sent to us when they become available.

Declaration

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief.

Signature of Insured(s)/Claimants(s) Date / /

Date / /