



Claim Form – Home Contents in Transit

The issue of this form is not an admission of liability by the insurer

Policy No.

Claim No.

This claim form is to be used for lost, damaged or non delivered goods.
On completion please forward this claim form to your broker or our office in your state as soon as possible so that you can receive our prompt attention.

- Please Note:**
1. Repairs or Replacement must not be authorised without our approval.
 2. You must send a written letter of demand to the carrier holding the carrier liable for the loss and provide us with a copy of that letter and any reply.
 3. You must provide us with a copy of the carriers uplift inventory and delivery receipt.

THE INSURED

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"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<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"/>	%	<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"/>	%	<input type="text"/>							
Address		<input type="text"/>									
		State					Postcode				
Contact Numbers	Business ()	<input type="text"/>				Private ()	<input type="text"/>				
	Facsimile ()	<input type="text"/>				Mobile	<input type="text"/>				
Policy Number	<input type="text"/>					Expiry Date	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>

THE GOODS

Please ✓

Are you the owner of the damaged/lost goods? Yes No
If 'No', please provide details of the owner

Were the goods in storage for MORE THAN 30 DAYS at any time? Yes No
If YES provide details.

Storage premises owner

Address for storage State Postcode

In Storage From / / To / /

Where can the damaged goods be inspected?

CONTACT Name: Phone No.: ()

THE LOSS

When was it discovered?

How did it occur?

Describe the loss or damage in the space provided on the reverse side of this page.

DETAILS OF CLAIM

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

Item (include make, model, age)	Details of loss/damage	Sum Insured	Amount claimed (attach quotes)
TOTAL AMOUNT CLAIMED			\$

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

Letter of claim to the carrier

Uplift Inventory

Any reply from the carrier

Delivery receipt

Repair/replacement quotes

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

PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Marine office or from our website at www.qbemarine.com

DECLARATION AND AUTHORISATION

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

I/We understand the claim may be refused or reduced if information is withheld.

I/We authorise QBE Insurance (Australia) Limited to give 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(s)

Date / /

IF YOU HAVE A CONCERN

Although we do everything possible to provide a quality service to you, our customer, we recognise that occasionally there may be some aspect of our service or decision we have made that you want to query or draw our attention to.

Details of our Complaints and Dispute Resolution procedure are set out in your policy document. A copy of the procedure is available upon request.

OFFICE USE ONLY

COVERAGE	EXCESS	SUM INSURED	GOODS INSURED	TRANSIT	ASSESSOR