

Home contents in transit claim form



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

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

Policy number

Claim number

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 or email it to marineclaims@qbe.com 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 carrier's uplift inventory and delivery receipt.

The insured

Insured's name Surname Given name(s)

Are you registered for GST? No Yes What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy? No Yes – Will you be claiming an amount less than 100%? %
No Yes – Specify amount claimed %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged? No Yes – Will you be claiming an amount less than 100%? %
No Yes – Specify amount claimed %

| | | | | |
|-------------------|----------------------|----------------------|----------|----------------------|
| Address | <input type="text"/> | | | |
| | State | <input type="text"/> | Postcode | <input type="text"/> |
| Contact number(s) | Business () | Private () | | |
| | Facsimile () | Mobile | | |
| | Email | <input type="text"/> | | |

The goods

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

Were the goods in storage for **more than 30 days** at any time? No Yes
If 'Yes', provide details.

Storage premises owner
Address State Postcode
In storage From to

Please provide the following details in the event of a claim for damage.
Where can the damaged goods be inspected?

Please provide contact details of the person/s in possession of the damaged goods.
Name Phone number ()

The loss

When was it discovered?

How did it occur?

The loss

Please describe the loss or damage.

| |
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| |
| |

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 Repair/replacement quotes Delivery receipt
Any reply from the carrier Uplift inventory

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

| |
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| |
| |

Payment details

Please provide details of the transit

Would you like the funds deposited to your Australian bank account by electronic transfer?

Yes No

| | | | |
|--------------|--|----------------|--|
| Bank name | | BSB | |
| Account name | | Account number | |

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.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 QBE Insurance (Australia) 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

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 | | Goods insured | |
| Excess | | Transit | |
| Sum insured | | Assessor | |