



Home Contents in Transit Claim Form

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

Policy No.	Claim No.
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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 <input type="checkbox"/>	Yes <input type="checkbox"/>	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 <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					
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					
Address							State		Postcode	
Contact Number(s)	Business	()			Private	()				
	Facsimile	()			Mobile					

The Goods										
									Please <input checked="" type="checkbox"/>	
Are you the owner of the damaged/lost goods?									No <input type="checkbox"/> Yes <input type="checkbox"/>	
If 'No', please provide details of the owner										
Were the goods in storage for more than 30 days at any time?									No <input type="checkbox"/> Yes <input type="checkbox"/>	
If 'Yes', provide details										
Storage premises owner										
Address for storage							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 No.				

The Loss	
When was it discovered?	
How did it occur?	
Please describe the loss or damage	

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 <input checked="" type="checkbox"/> when attached			
Letter of claim to the carrier <input type="checkbox"/>	Uplift inventory <input type="checkbox"/>		
Any reply from the carrier <input type="checkbox"/>	Delivery receipt <input type="checkbox"/>		
Repair/replacement quotes <input type="checkbox"/>			
If any of the above documents are not available, please let us know the reason why.			

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.	
1. I/We understand the claim may be refused if information is not true or is withheld.	
2. 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 <input checked="" type="checkbox"/>	Date <input type="text"/> / <input type="text"/> / <input type="text"/>

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