

Marine cargo/goods 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 when claiming for goods which have been lost or damaged in transit. 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:**
- Repairs or replacement must not be authorised without our approval.
 - A written letter of demand should be sent to the carrier/ship/airline holding them liable for the loss.

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%? %

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%? %

Address

		State		Postcode	
Contact number(s)	Business ()	Private	()		
	Facsimile ()	Mobile			
	Email				

The goods

Are you the owner of the damaged/lost goods? No Yes Please ✓

If 'No', please provide details of the owner.

Please provide a description of the goods.

Please provide the following details in the event of a claim for damage
If the goods are damaged, where can they be inspected?

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 / /

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?

Date / /

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

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 / /

Office use only

Coverage		Goods insured	
Excess		Transit	
Sum insured		Assessor	