

HOME CONTENTS REMOVALS INSURANCE CLAIM FORM

SUBMITTING YOUR CLAIM

The insurer, QBE Insurance (Australia) Limited, manages claims under policies issued by SURA Marine.

Once you have completed this claim form please forward it to your insurance broker.

INFORMATION WE MAY NEED

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by us or parties we appoint.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

Please provide the following information/documentation where possible with your claim form:

- Packing / weight / inventory list
- Bill of lading /airway bill /consignment note (showing terms and conditions)
- Customs entry form
- Freight invoice
- Wharf delivery docket
- Quotation for repair /replacement
- Any other evidence of loss or damage including photographs
- Original insurance certificate (not required if we issued the policy)
- Copy of your written 'letter of demand' to the carrier or removalist and any response

IMPORTANT NOTE

It is your duty, in all cases, to take such measures as may be reasonable, for the purpose of averting or minimizing a loss and to ensure that all rights against carriers, bailees or other third parties are properly preserved and exercised.

- To claim immediately on the carriers, removalists, port authorities or other bailees for any missing packages.
- In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition.

- When delivery is made by container, to ensure that the container and its seals are examined immediately by their responsible official. If the container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification.
- To give notice in writing to the carriers or removalists within three days of delivery if the loss or damage was not apparent at the time of taking delivery.

PRIVACY STATEMENT

SURA Marine and QBE each have a privacy policy which sets out personal information they collect and how they collect, disclose, store and use it.

SURA Marine

SURA Marine is committed to protecting the privacy of the personal information you provide to us. Any personal information you give us will be treated in accordance with the Privacy Act 1988.

If you require additional information or would like a copy of our privacy policy, please contact SURA Marine.

QBE Australia

We will collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so that we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit www.qbe.com.au/privacy or contact our customer care unit.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

POLICY NUMBER

THE INSURED

Insured's name

Surname/Business name

Given name(s)

Address

Contact number(s)

BH ()

Private ()

Facsimile ()

Mobile ()

GOODS & SERVICES TAX

Are you registered for GST?

Yes No

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?

Yes No

If 'yes' will you be claiming an amount less than 100%?

Yes No

If less than 100% 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?

Yes No

If 'yes' will you be claiming an amount less than 100%?

Yes No

If less than 100% specify amount claimed

%

ITEMS CLAIMED

DESCRIPTION OF ITEMS TO BE CLAIMED
(INCLUDE MAKE, MODEL AND AGE)

DETAILS OF LOSS/DAMAGE

CAN THE ITEM
BE REPAIRED

AMOUNT CLAIMED (AUD)

Yes No

\$

Yes No

\$

Yes No

\$

Yes No

\$

Yes No

\$

Yes No

\$

Yes No

\$

Total amount claimed in AUD

\$

CLAIM INFORMATION

Date goods were shipped or picked up for shipment / /

Goods moved From To

When was loss/damage first discovered? / /

Was there any delay in discovering the loss or damage? Yes No

If yes, please provide details

Please provide details of the loss/damage incident

Address where damaged goods can be inspected

Were the goods subject to loss/malicious damage/theft? Yes No

If yes, please provide details

Has the event been reported to the police? Yes No

If yes, please advise name and location of police station

Police report number

Name of original carrier

Address

Name of carrier who delivered goods (if difference from above)

Contact number

Address

Were goods professionally packed? Yes No

If yes, please provide name and contact details of removalist

Were goods in storage at time of loss/damage? Yes No

Was loss/damage evident at time of delivery? Yes No

Were details of loss/damage noted on delivery docket? Yes No

Have you notified carrier of loss/damage? Yes No

If 'yes' please provide us with a copy of any communications you have had with the carrier in relation to the loss/damage

Are the contents insured for transit with any other insurance company (i.e. household contents insurance)? Yes No

If 'yes' please advise us the insurance company's name and your policy number

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.

I/We understand that insurers do not admit liability by the issue of this form.

SIGNATURE OF INSURED: _____

DATE: _____

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
