

NOMINATED ITEMS IN TRANSIT 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:

- Original purchase receipts or evidence of ownership
- Quotation for repair / replacement
- Inventory list
- Any other evidence of loss or damage – including photographs

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

%

CLAIM INFORMATION

Date of loss/damage / /

Please provide details of how the loss/damage occurred

Where did the loss/damage occur?

If goods are damaged, please provide address where the damaged goods can be inspected

Please indicate if there was forced entry to:

Vehicle

Premises

If there was forced entry please provide details

Has the event been reported to police? Yes No

If 'yes', please advise name and location of police station

Police report number

Can damaged goods be repaired? Yes No

If 'yes' please advise approximate value AUD \$

If 'no' is there any salvage value? Yes No

OTHER INTERESTED PARTIES

Please provide details including name and address of other parties that have a financial interest in the insured goods (i.e. finance company, lessee)

OTHER INSURANCE COVER

Was there any other insurance in force covering this event? Yes No

If 'yes' please advise insurance company and policy number

CARRIER

Were the goods carried by a shipping company, freight forwarder or carrier? Yes No

If 'yes' please provide details including name and address

Were details of the loss/damage noted at the time of delivery? Yes No

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

Has a claim been lodged on the shipping company, freight forwarder or carrier? Yes No
