

# NOMINATED ITEMS IN TRANSIT CLAIM FORM

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## 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 your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at [www.sura.com.au](http://www.sura.com.au)

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

### 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](http://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.

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## POLICY NUMBER

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## 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

