

INSURANCE CLAIM FORM

CLAIM NO:

PLEASE NOTE: Issue of this form does not constitute admission of liability.

If the amount of your claim for loss or damage exceeds **A\$200.00** you should IMMEDIATELY:-

1. Pay any outstanding charges.
2. Complete this claim form in detail, attaching quotations for repair or replacement and return to our office within 14 days.

1.	Full Name and Address of Claimant:			
	Telephone Number(s):	(Private)		(Business)
2.	Uplift Address:	Date of Uplift:		
3.	Delivery Address:	Date of Delivery:		
4.	Were the lost of damaged goods insured under any other policy		Yes / No	
	If so, provide details of the policy	Name of Insurer		
		Policy Number		
5.	How and when was the damage/loss discovered?			
6.	What was the total value of the goods removed?			
	\$			

DECLARATION

I HEREBY UNDERTAKE AND AGREE that if any of the goods for which I have received compensation are subsequently recovered, I will notify the removal company immediately and to return the goods to them or to refund the amount received in respect of the article(s) recovered.

I HEREBY DECLARE that the information provided in this form is true and accurate and that I have not caused or contributed to the loss or damage for which this claim is made.

SIGNATURE:

DATE:

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SCHEDULE OF LOST OR DAMAGED ARTICLES

- PLEASE NOTE:**
1. Do not destroy any damage items as **Movements International (AUST) Pty Ltd** may wish to exercise the right to inspect them
 2. Do not proceed with any repairs or replacement without approval from **Movements International (AUST) Pty Ltd**
 3. In the event of loss or damage to any article of significant value, you may be asked to verify the value and furnish proof of ownership.
 4. All damaged property which has been paid as a total loss remains the property of **Movements International (AUST) Pty Ltd**
 5. This schedule must be lodged with a completed and signed Insurance Claim Form

DESCRIPTION OF ARTICLES	ITEM NO.	DETAILS OF DAMAGE	PURCHASE PRICE	DATE OF PURCHASE	DEPRECIATION VALUE	AMOUNT OF CLAIM
Total Amount Claimed						\$
Nett Policy Excess						A\$200.00
Nett Claim						\$