

# MoveSure Home Contents in Transit Claim Form

The issue of this form is not an admission of liability by the insurer.

<b>Policy No.</b>	<b>Claim No.</b>
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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 as soon as possible so that you can receive our prompt attention.

- Please Note:**
1. Repairs or replacement must not be authorised without our approval.
  2. 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 <input type="checkbox"/> Yes <input type="checkbox"/>	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 <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?				
	No <input type="checkbox"/> Yes <input type="checkbox"/> – 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?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?				
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed		%		
Address				State	Postcode
	Contact Number(s)	Business ( )	Private ( )		
	Facsimile ( )	Mobile			
Policy No.			Removal Company		

The Goods					
					Please <input checked="" type="checkbox"/>
Are you the owner of the damaged/lost goods?					No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'No', please provide details of the owner					
Describe the goods					
If the goods are damaged, where can they be inspected?					
Contact	Name			Phone No.	( )
Police must be notified of any stolen goods.					
Police station		Report No.		Date	/ /

The Transit					
Please provide details of the transit					
Carrier's name					
Journey	From	To	Date	/	/
Type of Transport	Road Carrier <input type="checkbox"/>	Own Vehicle <input type="checkbox"/>	Post <input type="checkbox"/>	Sea <input type="checkbox"/>	Post <input type="checkbox"/> Rail <input type="checkbox"/>

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
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
		\$	\$
<b>Total amount claimed</b>			<b>\$</b>
<b>Policy Excess</b>			<b>\$</b>

The following documents are required in support of your claim. Please ✓ when attached

Letter of claim on the carrier/ship/airline <input type="checkbox"/>	Invoice showing value of goods claimed <input type="checkbox"/>	Repair quotations (if applicable) <input type="checkbox"/>
The reply (if any) from the carrier/ship/airline <input type="checkbox"/>	Consignment note/Bill of lading/Airway bill <input type="checkbox"/>	Policy Schedule <input type="checkbox"/>
Original Packing List <input type="checkbox"/>	Vehicle/Boat Pre-Shipment Condition Report <input type="checkbox"/>	Valued Inventory <input type="checkbox"/>

If any of the above documents are not available, please let us know the reason why.

### 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](http://www.qbe.com) or contact the Compliance Manager on 02 9375 4656 or email [compliance.manager@qbe.com](mailto:compliance.manager@qbe.com) for further information.

### 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	Excess	Sum insured	Goods insured	Transit	Assessor

