



# Claim Form – Cargo/Goods in Transit

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

**Policy No.**

**Claim No.**

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:**
- Repairs or Replacement must not be authorised without our approval.
  - A written letter of demand should be sent to the carrier/ship/airline holding them liable for the loss.

## THE INSURED

Insured's Name		<input type="text"/>										
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
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%?	<input type="text"/>										
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	%	<input type="text"/>								
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%?	<input type="text"/>										
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	%	<input type="text"/>								
Address	<input type="text"/>											
	<input type="text"/>							State	<input type="text"/>	Postcode		
Contact Numbers	Business	( <input type="text"/> )	Private				( <input type="text"/> )					
	Facsimile	( <input type="text"/> )	Mobile				<input type="text"/>					
Policy Number	<input type="text"/>							Expiry Date	<input type="text"/>	/	<input type="text"/>	/

## THE GOODS

Please ✓

Are you the owner of the lost/damaged goods? Yes  No   
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  /  /

## THE TRANSIT (continued)

Type of Transport      Road Carrier       Sea       Post   
Own Vehicle       Air       Rail

## THE LOSS

When was the loss 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

**TOTAL AMOUNT CLAIMED** \$

**POLICY EXCESS** \$

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

Letter of claim on the carrier/ship/airline       Invoice showing value of goods claimed   
The reply (if any) from the carrier/ship/airline       Repair Quotations (if applicable)   
Consignment Note/Bill of Lading/Airway Bill

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


## PRIVACY

Privacy legislation regulates the way private sector organisations can collect, use, keep secure and disclose personal information. QBE has developed a privacy policy which explains what sort of personal information we hold about you and what we do with it. You can obtain a copy of the QBE Privacy information brochure from any QBE Marine office or from our website at [www.qbemarine.com](http://www.qbemarine.com)

## DECLARATION AND AUTHORISATION

The information and answers given above are true and complete in every detail.

I/We understand the claim may be refused or reduced if information is withheld.

I/We authorise QBE Insurance (Australia) Limited to give 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(s)

Date  /  /

## OFFICE USE ONLY

COVERAGE	EXCESS	SUM INSURED	GOODS INSURED	TRANSIT	ASSESSOR