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HOME REMOVALS INSURANCE CLAIM FORM

CLAIM NUMBER:

Please answer all questions in full. Incomplete answers may delay processing of your claim.

Are You Registered For GST Purposes?

Yes No

If YES, what is your ABN? _____

Have you claimed an input tax credit on the GST amount applicable to this policy?

Yes No

If YES, is the amount claimed less than 100% of the GST applicable to the premium?

Yes No

If YES, specify the percentage amount claimed _____%

Reference to you/your, I/We, my/our in this claim form means the Insured.

INSURED INFORMATION

Please advise

1 **Name of Insured:** _____

Address: _____

Phone: _____ **Fax:** _____ **Mobile:** _____

2 (a) What is your Policy / Schedule Number? _____

(b) In which state was your policy issued? _____

GENERAL INFORMATION

3 (a) Which carrier did you appoint to move your goods? _____

(b) Did a different carrier deliver your goods? Yes No

If yes, please name the carrier: _____

4 (a) When were your goods delivered to you? ___/___/___

EVENT INFORMATION

5 (a) What loss or damage has occurred? (Please list individual items on the back of this form in the space provided). _____

6 (a) When was this loss or damage discovered? ___/___/___

(b) Was there any delay in discovering loss or damage? Yes No

If yes, why? _____

7 (a) Have you notified the carrier that your goods have been lost or damaged? _____

(b) What was the carrier's response? _____

Please attach any correspondence between you and the carrier that relates to this loss.

(See over)

