



Marine Cargo/Goods in Transit Claim Form

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

Policy No.	Claim No.
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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 or email it to marineclaims@qbe.com 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					

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									
Please provide a description of the goods									
Please provide the following details in the event of a claim for damage									
If the goods are damaged, where can they be inspected?									
Please provide contact details of the person/s in possession of the damaged goods									
Name						Phone No.	()		
Please provide the following information in the event of a theft claim (please note that the 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 <input type="checkbox"/>	Sea <input type="checkbox"/>	Post <input type="checkbox"/>	Other <input type="checkbox"/>	
	Own Vehicle <input type="checkbox"/>	Air <input type="checkbox"/>	Rail <input type="checkbox"/>	Please specify:	<input type="text"/>

The Loss			
When was the loss first discovered?	Date	/	/
What caused the loss?			
<input type="text"/>			
<input type="text"/>			

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
<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"/>	<input type="text"/>	\$	\$
<input type="text"/>	<input type="text"/>	\$	\$
Total amount claimed			\$
The following documents are required in support of your claim. Please <input checked="" type="checkbox"/> when attached			
Letter of claim on the carrier/ship/airline <input type="checkbox"/>	Invoice showing value of goods claimed <input type="checkbox"/>		
The reply (if any) from the carrier/ship/airline <input type="checkbox"/>	Repair quotations (if applicable) <input type="checkbox"/>		
Consignment note/Bill of lading/Airway bill <input type="checkbox"/>			
If any of the above documents are not available, please let us know the reason why.			
<input type="text"/>			
<input type="text"/>			

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 or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com .

Declaration and Authorisation	
The information and answers given above are true, correct and complete in every detail.	
1. I/We understand the claim may be refused if information is not true or is withheld.	
2. 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 <input type="text" value="X"/>	Date <input type="text" value="/ /"/>

OFFICE USE ONLY					
Coverage	Excess	Sum insured	Goods insured	Transit	Assessor
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>