HOME CONTENTS & PERSONAL EFFECTS

 CLAIM FORM

* Please read this Claim Form prior to answering. ALL questions must be answered as fully as possible.
* Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident.
* If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.
* If you have any questions in relation to the completion of this Claim Form, please contact your insurance broker.
* Please send the competed Claim Form, as soon as possible to your insurance broker.
* Appointment of legal representation should not occur without the prior consent of Proteus Marine Insurance.
* You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Proteus Marine Insurance.
1. ***Insured Details***

Insured name \_\_\_\_\_\_\_ Policy number

Address

Contact name \_\_\_\_\_\_ Contact number

Contact email \_\_\_\_\_\_

1. ***GST Declaration***

Are you registered for GST Yes No If ‘Yes’, please provide 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%? Yes No

If ‘Yes’, please note the percentage of GST claimed that is applicable to this premium %

1. ***Claim Information***

Date when loss/damage first discovered \_ Date of dispatch \_\_\_Date of arrival \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Goods moved from \_\_\_\_\_\_\_\_ To\_\_\_

Please provide details of where and how the loss/damage occurred and if there was any delay involved which might have caused additional damage \_\_\_\_\_\_\_

Address where the damaged goods can be inspected \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If this claim involves theft, has the incident been reported to the police? Yes No

Police station \_\_\_\_\_\_ Report number

Was the loss/damage noted at the time of delivery? Yes No

Were details of loss/damage noted on the delivery dockets? Yes No

Have you notified the carrier of loss/damage? Yes No

1. ***Carrier Information***

Name of principal or original carrier \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of carrier who delivered goods (if different from above) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were goods professionally packed? Yes No If ‘Yes’, please provide name and contact details of removalist \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Were goods in storage at any time of the transit? Yes No. If ‘Yes’, advise how long the goods were in storage, the dates and the name of the storage company \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Agent/Forwarder Name of Vessel/Carrier \_\_\_\_\_\_\_\_

Consignment note no. \_\_\_\_\_\_Bill of lading no.

Consigner name and address \_\_\_\_\_\_\_

Consignee name and address

If this claim involves theft, has the incident been reported to the police? Yes No

Police station Report number

1. ***Goods***

|  |  |  |  |
| --- | --- | --- | --- |
| **Description of Goods****(include make, model and age)** | **Details of Loss/damage** | **Can Items be repaired?** | **Invoice Value****AUD** |
|  |  |  Yes No  | $ |
|  |  |  Yes No | $ |
|  |  |  Yes No | $ |
|  |  |  Yes No | $ |
|  |  |  Yes No  | $ |
|  |  |  Yes No  |  $ |
|  |  |  Yes No  |  $ |
|  |  |  Yes No |  $ |
|  |  |  Yes No |  $ |
|  |  |  Yes No |  $ |
| Total amount claimed  |  $ |

Was there any other insurance covering this event? Yes No

If Yes, please provide insurer name and policy number

Please provide details of any other Interested Parties (Finance company, lessee etc.)

1. ***Documents***

To enable us to review your claim promptly, please ensure you attach ALL of the following applicable documentation:-

1. Consignment/freight/delivery note showing terms and conditions
2. Packing/weight/inventory list
3. For overseas removal – please attach original bill of lading/airways bill and original policy/certificate of insurance
4. Any other evidence of loss or damage including photographs etc.
5. If you have held the carrier liable for the loss/damage, provide copy of this communication
6. ***EFT payment details*** (please complete this section if you require payment directly into your account)

Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSB number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_\_\_\_ Postcode \_\_\_\_\_\_\_\_\_\_\_

1. ***Declaration***

I/We solemnly and sincerely declare:

a. That the information supplied on this Claim Form and Statement of Claim is true in every respect.

b. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.

c. That there was no other insurance covering this loss current at the date of this incident.

d. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings

 resulting from this claim.

Insured Signature \_\_\_\_\_\_\_ Date

**Privacy**

Proteus has a privacy policy which sets out personal information they collect and how they collect, disclosure, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at the following website or by requesting it from our authorised representatives or service providers.

[www.proteusinsuance.com.au](http://www.proteusinsuance.com.au) or contact the Privacy Officer for Proteus on 1300 767 231