



ace asia pacific

Marine Transit Claim Form Household & Personal Effects

Insured/Company

Employee Name

Telephone No.

Contact

Facsimile No. / Email Address

Postal Address

GST INFORMATION (If Applicable)

- (a) What is your Australian Business Number (ABN)?
- (b) Are you registered for GST purposes? Yes No
- (c) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made? Yes No
- (d) IF YES, what percentage of the GST did you claim or are you entitled to claim? %
(if the GST paid and your ITC entitlement are the same amount, the answer to this question is 100%)

Documents

- Please provide copy of
- (i) bill of lading/airwaybill/consignment note
 - (ii) packing inventory
 - (iii) insurance certificate (if issued)

You must not authorise repairs or replacements without our approval

1. Policy Details

1. (a) Policy Number and (b) Where issued.	(a)	(b)
2. (a) Name of Original Carrier. (b) Name of Carriers who delivered your goods. (c) Vessel or Conveyance	(a) (b) (c)	
3. (a) Date of pick-up and (b) date of delivery	(a)	(b)
4. Full particulars of circumstances giving rise to the loss or damage (list individual items overleaf.)		
5. (a) Date when loss or damage discovered. (b) If any delay, why?		
6. If claim is in respect of articles lost, please give names and addresses of shipowners, Carriers, Police or other parties notified by you to enable possible recovery.		
7. Please attach to this form: (a) copy of the claim made against Carrier or Third Party? (b) all correspondence exchanged with any third parties who may be responsible for the loss or damage.		
8. Provide details of any other insurance that may provide cover for this claim.		
9. Estimated total sound value of all Effects in the entire shipment before this loss or damage.		

Please complete schedule on the back of this form

