

HOUSEHOLD & PERSONAL EFFECTS CLAIM FORM

CLAIM NUMBER:

ARE YOU REGISTERED FOR GST PURPOSES?

No? Yes? ➤ What is your ABN? _____

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

No? Yes? ➤ Is the amount claimed less than 100% of the GST applicable to the premium? No? Yes? ➤ Specify the percentage amount claimed _____%

NAME OF INSURED (In Full)

PRIVATE ADDRESS **TEL. NO.**

Please answer all questions in full. Any delay in returning this form may prejudice your claim under the policy.

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|--|------------------------|
| 1. (a) Policy Number and (b) Where issued? | (a) _____ (b) _____ |
| 2. (a) Name of Original Carrier (b) Names of Carriers who delivered your goods. | (a) _____ (b) _____ |
| 3. (a) Vessel of Conveyance and (b) date of arrival. | (a) _____ (b) _____ |
| 4. Full particulars of circumstances giving rise to the loss or damage (list individual items on the back hereof). | |
| 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. (a) Have you claimed against Carrier or Third Party? (b) Result of claim against any third parties who may be responsible for the loss or damage. Please attach all correspondence to this form. | |

