

Household Removals

Claim form



Notes:

The issue of this claim form is not an admission of liability on our part. All questions must be fully answered in either black or blue pen. Please print clearly and tick (✓) appropriate boxes to indicate 'YES' or 'NO' answers. Please continue on a separate sheet of paper if necessary.

Policy number

Claim number

Section 1 – Details of insured

Name of insured

Address

| | | |
|--|-------|----------|
| | State | Postcode |
|--|-------|----------|

Telephone number

Fax number

Email

Are you a GST registered company?

No Yes

ABN

Will you claim a 100% input tax credit on the GST in your insurance premium?

No Yes

If no, what percentage will you be claiming?

 %

Settlement payment option

Direct credit Cheque

Account name

Bank

BSB

Account number

Section 2 – Carrier details

1. What date were your household effects moved from your residence?

2. What is the name of the carrying company that moved your household effects?

3. What is the name of the ship or airline that moved your household effects from or to Australia?

Section 3 – Details of loss or damage

1. How did the loss or damage occur?

Section 3 – Details of loss or damage (continued)

2. Who noticed the loss or damage and on what date?

3. When were your household effects delivered to their destination?

4. Have you completed the unpacking of all your property?

No Yes

5. Is the property likely to suffer further damage?

No Yes

6. Was any of your property in storage before delivery to its destination?

No Yes

7. Did a Customs Agent arrange delivery of your household goods from the wharf?

No Yes

8. When the carrier delivered your property, did you notice any loss / damage?

No Yes

(i) Did you write details of any loss or damage on the docket?

No Yes

(ii) Have you written to the carrier holding them responsible for the damage/loss? (If not please do so)

No Yes

9. Have you reported this theft or non-delivery to police?

No Yes

10. If yes, Station at

(i) on / / (date)

(ii) at (time)

| 11. Item | Nature of damage | Age (yrs) | New replacement value | Estimated repair cost (if applicable) | Amount claimed |
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| Total amount claimed | | | | | <input style="width: 100%; height: 20px;" type="text"/> |

Will you be claiming a 100% input tax credit for the replacement / repairs? No Yes

If no, what percentage input tax credit will you be claiming? %

Section 4 – Other insurance

1. Do you hold more than one policy insuring you in respect of this loss?

No Yes If yes, give details

Section 5 – Important notice

1. Please attach the following documents where applicable:

- | | |
|--|---|
| <input type="checkbox"/> Original policy / certificate of insurance | <input type="checkbox"/> Copy of carriers reply when available |
| <input type="checkbox"/> Inventory or packing list | <input type="checkbox"/> Quotation for replacement / repairs |
| <input type="checkbox"/> Original bill of lading / airways bill / consignment note | <input type="checkbox"/> Police report |
| <input type="checkbox"/> Copy of non-delivery / shortage receipt | <input type="checkbox"/> Any other documents that will assist us in understanding your claim. |
| <input type="checkbox"/> Copy of claim on carrier | |

Section 6 – Privacy statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: other members of the group of companies to which we belong; your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to evaluate your claim and if you are covered, to manage that claim.

Access

You can request access to the personal information by contacting us.

This Privacy Statement is issued by

Vero Insurance, GPO Box 346, Sydney, NSW 2001.

For personal claimants

I consent to:

- ▼ the use of personal information about me for the purposes shown in the Privacy Statement, and
- ▼ the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- ▼ disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- ▼ consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

Section 7 – Code of practice

We have adopted the General Insurance Code of Practice. Please contact us for more information if required.

Section 8 – Declaration

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief.

| | | | | | |
|---------------------------------------|----------------------|------|--------------------------------|--------------------------------|--------------------------------|
| Signature of insured(s) / claimant(s) | <input type="text"/> | Date | <input type="text" value="/"/> | <input type="text" value="/"/> | <input type="text" value="/"/> |
| | <input type="text"/> | Date | <input type="text" value="/"/> | <input type="text" value="/"/> | <input type="text" value="/"/> |

To enable us to promptly deal with your claim, please submit this claim form and available supporting documents as soon as possible. Further documents, such as the Carrier's reply, should be sent to us when they become available.

Please forward the completed claim form and applicable documents to:

Vero Marine Claims Centre
GPO Box 346
Sydney NSW 2001
Priority Call 1300 664 201
Facsimile 02 8121 0949
Email claims@vero.com.au