

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

General Information

Name of insured _____
Occupation _____
Contact person _____
Telephone no. Home () _____ Work () _____ Mobile no. _____
Email _____
Postal address _____
_____ State _____ Postcode _____
Policy no. _____

Interested Parties

Is the property being claimed for under a financial agreement? Yes No
Name of financier _____
Contract no. _____

GST

Are you registered for GST purposes? Yes No
ABN _____
To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Incident Description

How did loss or damage to your goods occur? (please provide full details)

Transit origin address _____
_____ State _____ Postcode _____

Shipment date ____ / ____ / ____

Transit destination address _____
_____ State _____ Postcode _____

Delivery date ____ / ____ / ____

When did you discover the loss? _____

Date of loss/damage (where known) ____ / ____ / ____ Time of loss/damage (where known) _____ AM / PM

In your opinion, who was responsible for the loss? _____

Please provide details of responsible party

Name _____
Address _____
_____ State _____ Postcode _____

Have you made any demands against your removalist or any other third party? Yes No

If Yes, please provide details are required including copies of any correspondence

If goods were damaged or lost whilst in storage, **please advise**

Name of storage premises _____

Address of storage premises _____

State _____ Postcode _____

How long were your goods stored at this location? From ____ / ____ / ____ To ____ / ____ / ____

Where can the damaged goods be inspected? _____

Description of property lost/damaged/stolen (include names of owners of items if not owned by You) **(if insufficient space attach list)**

Items	Year Purchased	Where Purchased	Replacement or Repair Cost†	Amount Claimed	ITC% Entitlement*
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	
			\$	\$	

† Please forward repair/replacement quotes for each item claimed.

* Please show the extent to which you can claim an Input Tax Credit for each item.

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at www.allianz.com.au or contact us on 1300 360 529 EST 9am-5pm, Monday to Friday.

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld.

I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understand the Privacy Notice above and consent to the collection, storage, use and disclose of personal and sensitive information of all persons affected by this claim with their approval.

Signature of Insured _____ Date ____ / ____ / ____