

1. Client Details

Claim number

Name of insured

Postal address

Postcode

Phone number (w)

Phone number (h)

Mobile number

2. Policy Details

Policy number

Certificate number

Sum insured

Excess

3. Incident Details

Name of Vessel/Air Carrier/Road Carrier

Voyage or journey

Full description of loss or damage

Date of loss (dd/mm/yyyy)

Estimate value of loss

Estimate salvage value of damaged goods

Date goods delivered to destination (dd/mm/yyyy)

Was delivery note qualified?

No Yes **▶ If Yes, give details**

Were the police notified of any theft or non-delivery?

No Yes **▶ If Yes, at which Police station?**

Where may the goods be inspected at?

Contact name

Phone number

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291
VIC	Level 3, 99 King Street, Melbourne 3000
ACT	Level 4, 10 Rudd Street, Canberra City 2601
TAS	Level 11, 27 Paterson Street, Launceston 7250
SA	465 Pulteney Street, Adelaide 5000
WA	Level 9, 50 St George's Terrace, Perth 6000
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800

Phone (02) 9248 1111	Fax (02) 9248 1122
Phone (02) 4925 7500	Fax (02) 4940 0295
Phone (03) 8627 4333	Fax (03) 8627 4312
Phone (02) 6279 0333	Fax (02) 6279 0330
Phone (03) 6345 4700	Fax (03) 6345 4711
Phone (08) 8228 1700	Fax (08) 8228 1775
Phone (08) 9220 8222	Fax (08) 9220 8251
Phone (07) 3307 4800	Fax (07) 3307 4899
Phone (07) 4722 6000	Fax (07) 4724 4398
Phone (08) 8946 4600	Fax (08) 8228 1775

Lumley General is a trading name of Wesfarmers General Insurance Limited

3. Goods and Services Tax (G.S.T.)

To ensure you do not incur any unnecessary GST liabilities on this claim please advise:

(a) ABN, if applicable

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(b) Any entitlement to have to an Input Tax Credit in respect of the insurance premium

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4. Declaration

I hereby declare that the above answers and particulars are correct and shall be used as the basis of this claim.

Signature of claimant

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Date (dd/mm/yyyy)

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IMPORTANT INFORMATION - The following documents should accompany this form:

- Copy of claim on the carrier or their Agents and the reply
- For sea transit - Original Bill of Lading
For air transit - Original Air Waybill
For road transit - Full copy of signed Delivery receipt
- Commercial invoice