

Home Contents/Personal Effects in Transit Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz New Zealand or Allianz Australia Insurance Ltd

Once completed this form and attachments can either be scanned and sent by email to marine@allianz.com.au or posted to the address shown below.

General Information

Name of insured _____

Occupation _____

Contact person _____

Telephone no. Home () _____ Work () _____ Mobile no. _____

Email _____

Postal address _____
 _____ Postcode _____

Policy no. _____

Settlement Details

Where applicable Allianz Australia Insurance Ltd. will settle directly in your bank account once the liability for this claim is agreed.

Please provide your banking details

Bank _____

SWIFT/BIC Code _____

Account name _____

Account no. _____

If you require settlement by cheque please tick here

Incident Description

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

Transit origin address _____
 _____ Postcode _____

Shipment date ____ / ____ / ____

Transit destination address _____
 _____ 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 _____
 _____ 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 _____

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 | Type of Damage | Replacement or Repair Cost† | Amount Claimed |
|-------|----------------|----------------|-----------------------------|----------------|
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |
| | | | \$ | \$ |

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

Privacy Notice

The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

The information is being collected and held by Allianz Australia Insurance Limited at our registered office at Level 11, Tower 1, 205 Queen Street, Auckland 1010 as well as Allianz Marine & Transit Underwriting Agency Pty Limited Level 1, 61 Lavender Street, Milsons Point NSW 2061 Australia.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 0800 500 115 8.30am-5pm, Monday to Friday and advise us of the changes.

Internal Dispute Resolution Statement

Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact our approved external independent dispute resolution scheme (subject to eligibility).

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 ____ / ____ / ____