

Goods Lost, Destroyed or Damaged and Value (if insufficient space, please attach separate list)

1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$

How were the goods packed or protected? _____

Police: Did a police officer attend, or was the incident reported at a Police Station? Yes No

If Yes, Name of Officer _____ Police Station _____

Time incident reported at Police Station _____ am/pm Date _____

Repairs: Can the damaged goods be repaired or reconditioned? Yes No

Has a repair quotation been received? Yes No If Yes, (attach quote) \$ _____

Have any repairs been carried out? Yes No If Yes, (attach invoice) \$ _____

Name of Repairer _____

Address _____

Postcode _____

Contact Name _____ Telephone No. (Work) _____

Nature of Repairs _____

Temporary Permanent

The amount of this Claim \$ _____ Less Excess \$ _____ **Total** \$ _____

Has a Claim been made on the Shipping Company or Carrier? Yes No (If No, we require that immediate notice of Claim be lodged)

Please attach copies of any written claim made on the Shipping Company or Carrier.

Privacy: The Privacy Act 1988 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.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Monday-Friday and advise us of the changes.

IDR 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 the insurance industry's external independent complaints 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 understood the Privacy Act 1988 information referred to above and

consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured _____ Date _____