

Employee Property in Transit Claim



Level 13, Forrest Centre
221 St Georges Terrace
Perth WA 6000
GPO BOX K837
Perth WA 6842
Tel: (08) 9264 3333
riskcover.wa.gov.au

1. Agency details

Agency name:	
Address:	
Contact name:	
Phone:	Email:
Risk/cost centre:	

2. Claimant details

Last name:	First name:
Date of birth:	
Address:	
Phone:	Email:

3. Incident details

Date of delivery/incident:	Time:	am/pm
Uplift address:		
Delivery address:		
Storage location (if applicable):		
Carrier's name:		
Carrier's address:		
Describe the events of the incident:		
If the damage and/or loss was reported to the carrier or their representative at the time of uplift and/or delivery of the goods please provide:		
Contact name:		Phone:
Who is, or what was considered to have caused the loss or damage?		
Name of party responsible for damage:		
Address of party responsible for damage:		
All theft or malicious damage must be reported to the Police. Report number:		
Police station:		
Is there any other insurance covering the loss or damage? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, policy number:		
Insurance company:		

