



Employee Property in Transit Claim

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 incident (or delivery date):	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:		

4. Statement of claim

1. Claim form must be lodged within 30 days of the date of delivery of the property or claim may be declined.
2. No cover applies to additional items reported lost or damaged after the 30 day lodgement period.
3. Provide a copy of inventory list you completed before the move and the inventory list completed by the removalist.
4. Mark on the inventory lists items that have been damaged or lost.
5. Provide photographs of damaged items showing damage done.
6. Provide proof of original purchase of lost or damaged items and replacement quotes or quotes for repairs for items that are repairable.
7. Do not destroy or dispose of damaged items as we may wish to inspect them.

Items lost or damaged, including make and model	Quantity	Age of item	Description of damage	Original Purchase price	Repair or replacement cost \$

5. Witness details

Were there any witnesses to the incident?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If yes, provide details:
Name:			
Address:			
Phone:		Email:	
Name:			
Address:			
Phone:		Email:	

6. Claimant declaration and authorisation

I declare that the details submitted are true and correct.	
Signature:	Date:
Name:	Title:
Phone:	Email:

7. Agency declaration and authorisation

I declare that the details submitted are true and correct and that I am the person authorised to lodge the claim against the RiskCover Fund on behalf of the abovementioned agency.	
Signature:	Date:
Name:	Title:
Phone:	Email: