

Employee Property in Transit Claim

If your agency uses electronic claims lodgement use eClaims to submit your claim, rather than filling out this form.

If you provide personal information in this form, please note that the Insurance Commission of Western Australia collects this information to assess and manage your property insurance claim. During the course of your claim, we will continue to collect other personal information from you and/or other relevant parties (including your agency, loss assessors, etc) for the same purpose. Your information may be shared with other authorised parties where necessary and authorised by law. By completing and submitting this form, you acknowledge the collection, use, and disclosure of your personal information for these purposes. For further details on how we handle your personal information, please read our Privacy Policy at icwa.wa.gov.au/privacy.

1. Agency details

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

2. Claimant details

Family name:	Given name(s):
Address:	
Date of birth:	Phone:
Email:	

3. Incident details

Date of incident (delivery date):	Time:	am/pm
Uplift address:		
Delivery address:		
Storage location (if applicable):		
Carrier's name:	Branch:	
Detailed description of incident:		
Description of loss or damage:		
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:	
Name of party responsible for damage:		
Address of party responsible for damage:		
All theft or malicious damage must be reported to the Police. Please provide the report number:		
Police station (if applicable):		
Is there any other insurance covering the loss or damage?	Yes <input type="checkbox"/>	If yes, policy number: <input type="checkbox"/>
Insurance company:		

4. Witness details

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

5. 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 highlighting the items being claimed
4. Provide photographs of damaged items showing damage done.
5. Provide proof of original purchase of lost/damaged items and replacement quotes or quotes for repairs for items that are repairable.
6. Do not destroy or dispose of damaged items as we may wish to inspect them.

No.	Items lost or damaged, including make and model	Qty	Age of item	Description of damage	Original purchase price	Amount claimed
1					\$	\$
2					\$	\$
3					\$	\$
4					\$	\$
5					\$	\$
6					\$	\$
7					\$	\$
8					\$	\$
9					\$	\$
10					\$	\$
11					\$	\$
12					\$	\$
13					\$	\$
14					\$	\$
15					\$	\$
16					\$	\$
17					\$	\$
18					\$	\$

6. Claimant declaration and authorisation

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

7. Agency declaration and authorisation

I declare that I am a person authorised to lodge this claim with the Insurance Commission on behalf of the abovementioned agency.	
Signature:	Date:
Name:	Position Title:
Phone:	Email:

Please submit the completed form to gi.propertyclaims@icwa.wa.gov.au