

Please tick the Insurance taken on your consignment:

<input type="checkbox"/> Domestic Complimentary \$1000 Policy No: M2M015443CAN Excess \$100.00	<input type="checkbox"/> Domestic Additional Insurance Policy No: M2M019281CAN Excess \$50.00 (General Cargo) Excess \$100.00 (Fragile, Computer and Electronic Equipment)	<input type="checkbox"/> International Additional Insurance Policy No: M2M028194CAN Excess \$150.00
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This issue of this claim form is not an admission of liability and is issued without prejudice.

Please complete this form fully and return immediately to Couriers Please Pty Ltd at:
Insurance@couriersplease.com.au

Domestic claims for either *loss* or *damage* must be reported within 7 days of the actual or anticipated arrival date. International claims for either *loss* or *damage* must be reported within 14 days of the actual or anticipated arrival date.

1. Senders Name: _____
Senders Address: _____
Email Address: _____
2. Recipients Name: _____
Recipients Address: _____
3. Are you registered for GST? Yes / No: _____ ABN : _____
4. Couriers Please Invoice No: _____
Couriers Please Coupon No / Consignment No : _____
5. Despatch Date: _____
6. Goods Carried From: _____ To: _____
7. Pick-Up Courier No: _____ Delivery Courier No: _____
8. Description of Goods: _____
9. Circumstances of Loss/Damage: _____
10. Cost Price of Goods: \$ _____ (please attach copy of your supplier's invoice)
11. Amount of Claim: \$ _____
12. If saleable in present condition, estimated sale value: \$ _____
13. Where can goods be inspected: _____
14. Any part of goods insured elsewhere by yourself? _____
15. Name of other insurer: _____

Return this form to Couriers Please - Insurance@couriersplease.com.au

Couriers Please Pty Ltd ABN 76 006 144 734

Payment details

Payments will be made via EFT into your nominated bank account details as per below

Account Name:		BSB:	
Bank Name:		Account Number	

If your claim is receivable under the policy terms and conditions, the relevant Excess will be applied to this claim and any amount paid to you will be in full and final settlement of your claim.

Declaration

I/We declare that:

- (a) all information and statements are truthful, accurate, and no information likely to affect the acceptance of this claim has been withheld
- (b) I/We understand that this claim may be refused if any information is untrue, inaccurate or concealed
- (c) Other than as previously advised to the company, no other person has an interest in the said property

I/We make this solemn declaration conscientiously believing the same to be true, and by virtue of the provision of the applicable Act(s) of Parliament rendering persons making false declaration punishable for wilful and corrupt perjury:

Name of Claimant: _____

Signature of Claimant: _____

Date: _____

Phone No: _____

The following documents must be submitted with this claim form:

Lost items:

- Commercial Sales Invoice
- Purchase Invoice

Damaged items:

- Commercial Sales Invoice
- Purchase Invoice
- Written quotation for repairs
- Colour photos of damage

International shipments: Lost / Damaged requirements + shipping documents (Bill of Lading / Airway Bill)

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