Level 3, Suite 6, 182 Bay Terrace
Wynnum Q. 4178
07 3370 2522
Corporate Authorised Representative of Quay Marine Holdings Pty Ltd
ABN: 82 010 671 851
AFS Licence No: 238271 AR: 001265363

SINGLE TRANSIT

INSURANCE CLAIM FORM

Who is Reporting the Claim	☐ Insured		☐ Broker	
	☐ Other :			
Insured Name				
Insureds Phone Number				
Insureds Email Address				
Policy Number				
Policy Inception Date:		Expiry Date		
Insureds Address	Street:			
	Suburb:			
	State:		Postcode:	
GST Information				
Is the Insured Registered for GST	☐ Yes		☐ No	
Insured ABN				
Banking Details				
Account Name				
Account Number		BSB		

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Claim Details		
Journey from Location		
Journey to Location		
When did the loss occur		
If loss date is unknown, when did the journey begin		
Details of Incident *Please provide as much details as possible*		
Where are the items being claimed for now located		
Is the Insured the owner of the items being claimed	☐ Yes	☐ No
If No, please advise the details of the owner		

Description of items lost or damaged	
	$
	$
	$
	$

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Supporting Information & Documents		
Proof of Transit	☐ Consignment Note	☐ Delivery Docket
	☐ Bill of Lading	☐ Other
Proof of Damage/Loss	☐ Photos of Damage	☐ Repairer Report
	☐ Inspection Report	☐ Carrier Confirmation of Loss
Proof of Ownership	☐ Commercial Invoice for purchase of the items	☐ Letter of Demand from the owner of the items

Please forward this completed form along with all supporting documentation to Quay Marine Insurance.

Claims Manager: Troy Luck
Email: troy@quaymarineinsurance.com.au
Phone: 0437 688 109

BROKER CONTACT	
Brokerage:	
Broker Name:	

Insured Name:	
Date:	
Signature:	