



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

ANNUAL CARGO

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 <i>Please provide as much details as possible</i>		
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:	