



China Bear Removals & Storage
9-13 Underwood Ave.
Botany, 2019
Phone: 9316 6111
Facsimile: 9316 6999
Email: admin@chinabear.com.au

CLAIM NO. _____

INSURANCE CLAIM FORM

PLEASE NOTE: Issue of this form does not constitute admission of liability.

If the amount of your claim form exceeds \$200 you should immediately:

1. Pay any outstanding charges
2. Complete this claim form in detail, attaching quotations for repair or replacement and return to our office within 14 days.

1. **Full Name and Address of Claimant:** _____

Telephone Numbers(s): (Private) _____ (Business) _____

2. **Uplift Address:** _____ **Date:** _____

3. **Delivery Address:** _____ **Date:** _____

4. **Were the lost or damaged goods insured under any other policy** **yes / no**

If so, provide the details of the policy. Name of Insurer _____
Policy Number _____

5. **How and when was the damage/loss discovered?**

6. **What was the total value of the goods removed?**

\$ _____

DECLARATION

I HEREBY UNDERTAKE AND AGREE that if any of the goods for which I have received compensation are subsequently recovered, I will notify the removal company immediately and to return the goods to them or to refund the amount received in respect of the article(s) recovered.

I HEREBY DECLARE that this information provided in this form is true and accurate and that I have not caused or contributed to the loss or damage for which this claim is made.

SIGNATURE: _____

DATE: _____