

INSURANCE DECLARATION

NAME: _____

DATE: _____

Select your required cover:

Periods Covered

- ☐ Transit
- ☐ Transit with Storage Extension

Itemise and value your goods: Use the List below to itemise the value of your goods to be insured.

MAIN BEDROOM	VALUE	LOUNGE ROOM	VALUE	KITCHEN	VALUE	GENERAL	VALUE
Bed Mattress		Bookcase		Crockery		Air Conditioner (Port)	
Bedroom Suite		Books		Cutlery		BBQ	
Bedside Lamps		Carpet/rugs		Dishwasher (Mobile)		Bicycles	
Blankets/Linen		CDs		Electrical Appliances		Carpets	
Carpet/Rugs		Crystal/Ornaments		Food		Children's Playground	
Clothing-Gents		Cushions		Freezer		Clocks	
Clothing-Ladies		Lamps		Heaters (Portables)		Dog Kennel	
Dressing Table		Lounge Suite		Highchair		Garden Setting	
Pictures		Occasional Table		Kitchen Table/Chairs		Garden Tools	
T.V.		Piano/Organ		Microwave		Golf Bag and Buggies	
Wardrobes		Pictures		Plastic & Glassware		Hobby Collections	
Side Chests		Records/Cassettes		Pots & Pans		Ladder	
TOTAL VALUE		Stereo Equipment		Refrigerator		Lawnmower	
BEDROOM 2		Videos/DVDs		Other		Light Fittings	
Bed Mattress		Television		TOTAL VALUE		Outdoor Furniture	
Blankets/Linen		Other		FAMILY ROOM		Photographic Equip	
Clothing		TOTAL VALUE		Bookcases		Pool Table	
Computer		HALLWAY		CDs		Radios	
Dressing Table		Hallstand		Chairs/Lounge Suite		Suitcases	
Toys/Books		Lamps		Games/Toys		Trampoline	
T.V/Stereo		Rugs		Home Computer		Tools/Power Tools	
Wardrobe		Telephone Table		Musical Instruments		Wheelbarrow	
Lamp		Urn		Rugs		Window Dressing	
Other		Other		Sewing machine		Work Bench	
TOTAL VALUE		TOTAL VALUE		Sports Equipment		Exercise Equip	
BEDROOM 3		DINING ROOM		Stereo		Other	
Bed Mattress		Buffet		Television		TOTAL VALUE	
Blankets/Linen		Carpets/Rugs		Video Tapes/DVDs			
Clothing		Crystal Cabinets		Tablet/iPad			
Dressing Table		Cutlery Service		Other			
Nursery Equipment		Dining Suite				TOTAL VALUES	
Toys/Books		Dinner Service				Master Bedroom	
T.V/Stereo		Glassware		TOTAL VALUE		Bedroom 2	
Wardrobe		Liquor		BATHROOM/LAUNDRY		Bedroom 3	
Other		Other		Cleaning Utensils		Bedroom 4	
TOTAL VALUE		TOTAL VALUE		Clothes Dryer		Lounge Room	
BEDROOM 4		STUDY		Iron/Ironing Board		Hallway	
Bed Mattress		Bookcase		Linen		Dining Room	
Blankets/Linen		Books		Linen Basket		Study	
Clothing		CD Player/Stereo		Mops, Brooms, etc.		Kitchen	
Dressing Table		Chairs		Toiletries		Family	
Nursery Equipment		Computer		Vacuum Cleaner		Bathroom/Laundry	
Toys/Books		Desk Chair		Washing Machine		General	
T.V/Stereo		Filing Cabinet		Other			
Wardrobe		Lamp				Valuables as listed below	
Other		Other				TOTAL DECLARED VALUE	
TOTAL VALUE		TOTAL VALUE		TOTAL VALUE			

Valuables: Please list and value any antique, curio, piece of jewellery, plate, precious object, work of art, fine art, medal, money, coin, stamp, collection of items, fur, piece of precision equipment or professionally packed carton by the removal company whose value exceeds \$1,000 in the table below.

Attach a detailed inventory if you need more space.

Specified Item	Value	Specified Item	Value
TOTAL VALUE			

Declaration:

I declare that the above values are correct to the best of my knowledge and that I have informed the Removal Company about anything which could affect the risk.

I have received a copy of the FSG, Policy Wording and PDS.

SIGNATURE: _____

DATE: _____