



Removals & Storage

Call: 1800 992 049 www.furniturefreighters.com.au

INSURANCE DECLARATION

NAME:			DATE:	-
Select your required cover:				
Periods Covered				
□ Transit				
□ Transit with Storage Extens	sion			
Total value your goods to be	Insured			
Should you require cover for	or Valuables:			
	iece of precisio		te, precious object, work of art, fine art, n professionally packed carton by the remove	
Attach a detailed inventory if yo	u need more s	pace.		
Specified Item		Value	Specified Item	Value
	_			
		<u> </u>	TOTAL INSURED VALUE	\$
All Other Goods:			TOTAL INSURED VALUE	\$
			TOTAL DECLARED VALUE	\$
Declaration:				
		best of my know	rledge and that I have informed the Removal	Company
I have received a copy of the FSG	, Policy Wordin	g and PDS.		
SIGNATURE			DATE	