

Declaration for transit cover

Declaration for transit cover			
Name of covered party			
Street number			
Street name			
City		Postcode	
Country			
Email		Phone	
Origin (City, Country)			
Destination (City, Country)			
Description of consignment covered by transit cover		<i>*Refer to attached item list for specific details required to be listed.</i>	
Please provide <u>specific description and detail*</u> of all items for which you are seeking coverage. Be sure to also provide an <u>accurate estimate*</u> of each insured item's value.			

Client to initial: For **Personal Effects**, transit cover is against damage and loss if there is original (adequate) packaging or professionally re-packed. *Otherwise, Qantas Courier can only provide cover against loss.* Please ensure you have properly packed your consignment. Excess of \$250 per claim applies.

Client to initial: For **Commercial Shipments**, transit cover can be provided against damage and loss. We remind commercial clients that all shipments must be properly packed. Excess of \$250 per claim applies.

- Either:
- Loss – Cover only
 - Loss & Damage cover

Consignment value \$ _____

Please tick (✓)

- YES I do require transit cover**
- I acknowledge that I have read and agree to the terms & conditions of the requested transit cover as per relevant policy document in www.qantascourier.com. I understand the requirement to meet minimum packaging standards.
- NO I do not require transit cover**

Full name	
Phone	
Email	
Signature	
Date	

Office Use	
To be confirmed by serving staff member	
Personal Effects	YES / NO
Loss – Cover only (UCB loss):	YES / NO
Adequate packaging to ensure security of shipment:	YES / NO
Loss & Damage cover (UCB all):	YES / NO
Adequate, original packaging or professionally re-packed:	YES / NO
OR	
Commercial Shipment	YES / NO
Loss & Damage cover (Comm all):	YES / NO
Client reminded on onus to have properly packed their shipment:	YES / NO
Consignment Value	\$ _____
Final AGREED transit cover: UCB loss	<input type="checkbox"/>
UCB all	<input type="checkbox"/>
Comm all	<input type="checkbox"/>
Staff member to initial:	_____



Transit cover declaration list – itemized

Description of Goods	Quantity	Unit value (\$)	Sub-total value (\$)

Total consignment weight		No. of pieces	
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- I declare in signing this declaration that, to the best of my knowledge, the above information is true and correct.
 I also declare this shipment does not comprise of any dangerous or fragile goods unless otherwise stated.

Total declared value (\$)		Date	
Consignment note number		Signature	