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				Outdoor Furniture	
Blankets/Linen		Other		**TOTAL VALUE**		Photographic Equip	
Clothing		**TOTAL VALUE**		**FAMILY ROOM**		Pool Table	
Computer		**HALLWAY**		Bookcases		Radios	
Dressing Table		Hallstand		CDs		Suitcases	
Toys/Books		Lamps		Chairs/Lounge Suite		Trampoline	
T.V/Stereo		Rugs		Games/Toys		Tools/Power Tools	
Wardrobe		Telephone Table		Home Computer		Wheelbarrow	
Lamp		Urn		Musical Instruments		Window Dressing	
Other		Other		Rugs		Work Bench	
TOTAL VALUE		**TOTAL VALUE**		Sewing machine		Exercise Equip	
BEDROOM 3		**DINING ROOM**		Sports Equipment		Other	
Bed Mattress		Buffet		Stereo		**TOTAL VALUE**	
Blankets/Linen		Carpets/Rugs		Television			
Clothing		Crystal Cabinets		Video Tapes/DVDs			
Dressing Table		Cutlery Service		Tablet/iPad			
Nursery Equipment		Dining Suite		Other			
Toys/Books		Dinner Service				**TOTAL VALUES**	
T.V/Stereo		Glassware		**TOTAL VALUE**		Master Bedroom	
Wardrobe		Liquor		**BATHROOM/LAUNDRY**		Bedroom 2	
Other		Other		Cleaning Utensils		Bedroom 3	
TOTAL VALUE		**TOTAL VALUE**		Clothes Dryer		Bedroom 4	
BEDROOM 4		**STUDY**		Iron/Ironing Board		Lounge Room	
Bed Mattress		Bookcase		Linen		Hallway	
Blankets/Linen		Books		Linen Basket		Dining Room	
Clothing		CD Player/Stereo		Mops, Brooms, etc.		Study	
Dressing Table		Chairs		Toiletries		Kitchen	
Nursery Equipment		Computer		Vacuum Cleaner		Family	
Toys/Books		Desk Chair		Washing Machine		Bathroom/Laundry	
T.V/Stereo		Filing Cabinet		Other		General	
Wardrobe		Lamp					
Other		Other				**Valuables as listed below**	
						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:** _____

INSURANCE DECLARATION

NAME: _____ **DATE:** _____

Select your required cover:

Periods Covered

- ❑ Transit
- ❑ Transit with Storage Extension

Total value your goods to be Insured

Should you require cover for Valuables:

Please list and value any antique, curio, piece of jewelry, 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 INSURED VALUE	$

All Other Goods:

TOTAL INSURED VALUE	$

TOTAL DECLARED 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**_____

Robina Removals is an authorised representative of Cowden (VIC) Pty Ltd which holds Australian Financial Services Licence No 245658