



INSURANCE DECLARATION

Name: _____ **Date:** _____

Select your required cover:

- Periods Covered
 Transit
 Storage

- Risks Covered
 Full Cover
 Restricted Cover

- Basis of Settlement
 Market Value
 Replacement Cost

Itemise and value your goods

Use the list below to itemise the value of your goods. If you prefer, you may simply declare the Total Value of your goods. When estimating the value of your goods:

If you have selected **Replacement Cost Cover**, ensure that you estimate the cost of new goods of similar type. If you have selected **Market Value Cover**, estimate the amount which your goods would be worth.

Remember that if you underestimate the value by less than 80%, the amount of your claim may be reduced.

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	
Carpets/Rugs		Crystal/Ornaments		Food		Children's Playground	
Clothing-Gents		Cushions		Freezer		Clocks	
Clothing-Ladies		Lamps		Heaters (Portables)		Dog Kennel	
Dressing Table		Lounge Suite		High Chair		Garden Setting	
Pictures		Occasional Tables		Kitchen Table/Chairs		Garden Tools	
Television		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		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	
TV/Stereo		Rugs		Games/Toys		Tools	
Wardrobe		Telephone Table		Home Computer		Tools (Power)	
Lamp		Urn		Musical Instruments		Wheelbarrow	
Other		Other		Rugs		Window Dressing	
TOTAL VALUE		TOTAL VALUE		Sewing Machine		Work Bench	
BEDROOM 3		DINING ROOM		Sports Equipment		Other	
Bed Mattress		Buffet		Stereo			
Blankets/Linen		Carpets/Rugs		Television		TOTAL VALUE	
Clothing		Crystal Cabinets		Video			
Dressing Table		Cutlery Service		Video Tapes/DVDs			
Nursery Equipment		Dining Suite		Other			
Toys/Books		Dinner Service				TOTAL VALUES	
TV/Stereo		Glassware				Master Bedroom	
Wardrobe		Liquor		TOTAL VALUE		Bedroom 2	
Other		Other		BATHROOM / LAUNDRY		Bedroom 3	
TOTAL VALUE		TOTAL VALUE		Cleaning Utensils		Bedroom 4	
BEDROOM 4		STUDY		Clothes Dryer		Lounge Room	
Bed Mattress		Bookcase		Iron/Ironing Board		Hallway	
Blankets/Linen		Books		Linen		Dining Room	
Clothing		CD Player		Linen Basket		Study	
Dressing Table		Chairs		Mops, Brooms etc.		Kitchen	
Nursery Equipment		Computer		Toiletries		Family Room	
Toys/Books		Desk Chair		Vacuum Cleaner		Bathroom/Laundry	
TV/Stereo		Filing Cabinet		Washing Machine		General	
Wardrobe		Lamp		Other		Total Contents Sum	
Other		Other				TOTAL DECLARED VALUE	
TOTAL VALUE		TOTAL VALUE		TOTAL VALUE			

Valuables: Please list and estimate the value of any antique, curio, piece of jewellery, plate, precious object, work of art, medal, money, coin, stamp, collection of items, fur, piece of precision equipment or professionally packed carton by the removal company whose value exceeds \$1000.00 in the table below. Attach a detailed inventory if you need more space.

Specified Item	Value	Specified Item	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 and PDS.

SIGNATURE: _____ **DATE:** _____