

CLAIM FORM

If the amount of your claims for loss or damage exceeds \$200 you should IMMEDIATELY: -

1. Pay any outstanding charges.
2. Complete the claim in detail, attaching quotations for repairs or replacements and return to our office within 24 days.
3. In respect of any claim for breakages, please advise all relevant information, such as approximate date of purchase and approximate price paid.
4. In respect of any missing items, please provide above details, plus a full description of the item/s & photographs/digital images if available.

NO REPAIRS OR REPLACEMENTS TO BE MADE WITHOUT THE AUTHORITY OF KING & WILSON OR THEIR AGENT

PLEASE NOTE: Issue of this form does not constitute admission of liability.

PLEASE RETURN TO: PO BOX 149, MT WAVERLEY, VIC 3149

1. Full Name and Address -----
of Claimant -----

Telephone No: (Private) ----- (Business) -----
2. Uplift Address ----- Date: -----
3. Delivery Address ----- Date: -----
4. How and when was the damage/loss discovered?

5. What was the total Value of the goods removed: \$-----

DECLARATION

I HEREBY UNDERTAKE AND AGREE, if any of the goods mentioned in this claim are subsequently recovered, in respect of which compensation has been received by me, to notify the company immediately and to return the goods to them or to refund the amount of money received by way of compensation in respect of each article recovered.

I HEREBY DECLARE that the forgoing particulars and the particulars appearing in the schedule on the back hereof are a true and faithful account of the loss sustained by me and that I have in no manner caused the said loss or by any fraud or misrepresentation sought unjustly to benefit there by and I make this solemn declaration conscientiously believing the same to be true.

SIGNATURE: ----- DATE: -----

