

## Insurance Declaration

NAME: \_\_\_\_\_

Basis of Settlement:  Replacement Cost  Market Value

When estimating the value of your goods:

- If you only require Restricted Cover Insurance then simply write the total value in the applicable box over the page.
- Use the list below to itemise your goods should you require Full Cover Insurance.
- If you have selected **Replacement Cost** cover, ensure that you estimate the cost of new goods of a 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 more than 80%, the amount of your claim may be reduced.

MAIN BEDROOM	Value \$
Bed	
Bedroom Suite	
Bedside Lamps	
Blankets / Linen	
Chest of Drawers	
Clothing - Gents	
Clothing - Ladies	
Dressing Table	
Glory Box	
Mirror	
Pictures	
Rugs / Carpet	
Television	
Wardrobes	
<b>TOTAL VALUE</b>	

BEDROOM 2	Value \$
Bed	
Bedside Tables	
Blankets / Linen	
Clothing	
Dressing Table	
Toys / Books	
Television	
Stereo	
Wardrobe	
<b>TOTAL VALUE</b>	

BEDROOM 3	Value \$
Bed	
Bedside Tables	
Blankets / Linen	
Clothing	
Dressing Table	
Nursery Equipment	
Toys / Books	
Television	
Stereo	
Wardrobe	
<b>TOTAL VALUE</b>	

HALLWAY	Value \$
Hallstand	
Lamps	
Mirror	
Rugs	
Urn	
<b>TOTAL VALUE</b>	

LOUNGE ROOM	Value \$
Bookcase	
Books	
CDs	
Coffee Table	
Crystal / Ornaments	
Cushions	
DVDs	
Lamps	
Lounge Suite	
Occasional Table	
Paintings	
Piano / Organ	
Pictures	
Rugs / Carpet	
Stereo Equipment	
Television	
Television Cabinet	
Wall Unit	
<b>TOTAL VALUE</b>	

BEDROOM 4	Value \$
Bed	
Bedside Tables	
Blankets / Linen	
Clothing	
Dressing Table	
Toys / Books	
Television	
Stereo	
Wardrobe	
<b>TOTAL VALUE</b>	

FAMILY ROOM	Value \$
Bookcase	
Cabinet	
CDs	
Chairs	
DVDs	
Games / Toys	
Heater (portable)	
Lounge Suite	
Musical Instrument	
Rugs / Carpet	
Sewing Machine	
Stereo	
Television	
Television Unit	
<b>TOTAL VALUE</b>	

KITCHEN	Value \$
Crockery	
Cutlery	
Electrical Appliances	
Food	
Freezer	
Glassware	
High Chair	
Kitchen Table / Chairs	
Microwave	
Plastics & Glassware	
Pots & Pans	
Refrigerator	
Stools	
<b>TOTAL VALUE</b>	

DINING ROOM	Value \$
Bar / Wine Fridge	
Buffet	
China Cabinet	
Crystal	
Cutlery Service	
Dining Suite	
Dinner Service	
Glassware	
Liquor	
Rugs / Carpet	
<b>TOTAL VALUE</b>	

BATHROOM / LAUNDRY	Value \$
Clothes Dryer	
Ironing Board	
Linen	
Linen Basket	
Mops, Brooms etc.	
Toiletries	
Vacuum Cleaner	
Washing Machine	
<b>TOTAL VALUE</b>	

OUTSIDE / GARAGE	Value \$
BBQ	
Children's Play Equip.	
Dog Kennel	
Garden Setting	
Garden Tools	
Ladder	
Lawnmower	
Outdoor Setting	
Tools	
Tools (Power)	
Trampoline	
Wheelbarrow	
Work Bench	
<b>TOTAL VALUE</b>	

STUDY	Value \$
Bookcase	
Books	
Chair	
Computer	
Desk	
Filing Cabinet	
Lamp	
Printer	
Stereo	
<b>TOTAL VALUE</b>	

GENERAL	Value \$
Air Conditioner	
Bicycles	
Clocks	
Exercise Equipment	
Fans	
Golf Bag / Trolley	
Hobby Collections	
Lamps	
Mirror	
Rugs / Carpets	
Sporting Equipment	
Suitcases	
<b>TOTAL VALUE</b>	

**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 \$1,000.00 in the table below. Attach a detailed inventory if you need more space.

Specified Item	Value \$

Specified Item	Value \$

TOTAL VALUES	Value \$
Main Bedroom	
Family Room	
Bedroom 2	
Bedroom 3	
Hallway	
Lounge Room	
Bedroom 4	
Kitchen	
Dining Room	
Bathroom / Laundry	
Outside / Garage	
Study	
General	
Valuables	
<b>Full Cover Value</b>	
<b>Restricted Cover Value</b>	
<b>TOTAL DECLARED VALUE</b>	

**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 that could affect the risk. I have received a copy of the FSG, PDS and Policy Wording.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_