

INSURANCE DECLARATION – LUMP SUM



NAME: _____

DATE: _____

Select Your Required Cover:

Periods Covered

- Transit
- Transit with Storage Extension

Risks Covered

- Full Cover
- Restricted Cover

Basis of Settlement

- Market Value
- Replacement Cost



- Australia Wide Storage ONLY

Australia wide storage perils ONLY of fire, lightning, aircraft, earthquake, storm and tempest, flood, water from fixed pipes or systems, riots, strikes and civil commotion, explosion and impact damage.

- Market Value
- Replacement Cost

****This insurance is only to be taken out to cover your entire consignment, so when working out a total value it needs to be a value that will cover everything being moved by Ashtons Removals.**

Should you wish to insure only selected items, then please complete our Specified Items Insurance Declaration.**

Excess payable on all insurance claims for lump sum insurance are:

- Restricted Cover and Australia Wide Storage ONLY = \$500.00
- Full Cover = \$600.00

Total Value of Your Goods

Using the tables below, itemise the value of your Valuables (as defined below) and Total Value of all other goods.

When considering the value of your goods:

- If you have selected **Replacement Cost Cover**, ensure that you value your goods at the cost of new goods of similar type.
- If you have selected **Market Value Cover**, value your goods at their replacement cost, less a reasonable allowance for age, condition, wear and tear and depreciation.

Please note: Any owner packed cartons are limited to Restricted Cover only.

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 an inventory if you require more space.

Specified Item	Value	Specified Item	Value
TOTAL VALUE			

PRE-PAID REMOVAL COSTS / DEPOSIT	
---	--

All Other Goods:

TOTAL VALUE	
--------------------	--

TOTAL INSURED 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 _____