direct COURIERS
DRIVING SOLUTIONS

13 16 10

# Request for Insurance

| Email: | SYDNEY | MELBOURNE | BRISBANE | PERTH | ADELAIDE |
|---|---|---|---|---|---|
| | admin@directcouriers.com.au | admin@melb.directcouriers.com.au | admin@bris.directcouriers.com.au | admin@perth.directcouriers.com.au | admin@adel.directcouriers.com.au |

## Contact Details

Company Name: _____ Account #: _____

Contact Name: _____ Telephone: _____

Email: _____ Fax: _____

## Despatch Details

Mode of Delvery: Local Courier ☐ Local Overnight ☐ International ☐

Overnight Express ☐ Road Freight ☐ Same Day Interstate ☐

Pickup From: Company Name: _____

Address: _____

_____

Delivery To: Company Name: _____

Address: _____

_____

## Goods

Description of Goods: _____

Value of Goods: _____

Total Cost of Cover _____ Insured Date: _____

## Person Requesting Insurance Cover

I/we acknowledge that we have read the Product Disclosure Statement and Financial Services Guide applicable to this insurance.

Name: _____ Title: _____

Signature: _____ Date: ____/____/____

*NB: GOODS ARE ONLY COVERED WHEN A CONFIRMATION EMAIL IS RETURNED TO YOU BY DIRECT COURIERS. DO NOT ALLOW GOODS TO LEAVE YOUR PREMISES UNTIL YOU HAVE RECEIVED A CONFIRMATION NUMBER. REQUESTS RECEIVED AFTER MIDDAY MAY NOT BE FINALISED UNTIL THE NEXT BUSINESS DAY.*

**Direct Couriers - Office use only**

Confirmation # _____