

# Goods in Transit (Carriers)



## Claim form

### Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Associated Marine Insurers or parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

### Please provide the following information/documentation where possible with your claim form

- Documentation supplied to you in support of the claim
- Demands received from the owner of goods
- Original packing/ weight/ inventory list
- Consignment Note (including reverse side) and or Contracts of Carriage
- Qotes/invoices/accounts for recoverable costs i.e. removal of debris
- Any other evidence of loss or damage – including photographs

### 1 Insured details

Policy number	Claim number	
Insured name		
Postal address	State	Postcode
Contact name		
Contact number/s		
Email		

### 2 GST declaration

Are you registered for GST? Yes  No  If 'Yes', please provide ABN number

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes  No

If 'Yes', is the amount claimed less than 100% Yes  No

If 'Yes', please advise percentage of GST claimed is applicable to the premium %

### 3 Claim information

Date of loss/damage	/	/	Date of dispatch	/	/	Date of arrival	/	/
Place of dispatch			Place of arrival					
When was loss/damage first discovered			/	/	Was there any delay? Yes <input type="radio"/> No <input type="radio"/> If 'Yes', please provide details			
Please provide details of the loss/damage incident								

**3 Claim information** (continued)

Where did the loss occur?

Please provide details of the goods involved

Address where damaged goods can be inspected

Consignee name and address

Consignor name and address

Has the event been reported to the police? Yes  No  If 'Yes', please advise name and location of police station

Police report number

Were any third parties involved? Yes  No  If 'Yes', please advise names, addresses and contact details

Please indicate  if goods were carried

By you as the principal carrier

By you as a subcontractor for another carrier (please advise name of principal carrier)

By a subcontractor engaged by you (please advise name and address of subcontractor)

Was a consignment note issued for the transit? Yes  No

Was the consignment moved under a specific contract of carriage? Yes  No

Has a claim been made against you by the owner of the goods? Yes  No  If 'Yes', please attach a copy of the claim/demands

Amount of claim AU\$

Please indicate  if you require Associated Marine Insurers to

Pay the claim as a goodwill payment

Pay the claim because you believe you have a contractual obligation to do so

Pay the claim because you have already agreed to settle it

Not pay the claim and defend the claim on your behalf – Do you expect such a claim to be made against you? Yes  No

Have you incurred recoverable costs? Yes  No

Have invoices/accounts been paid by you? Yes  No  Please attach copies of all invoices/accounts to support your claim

**4 EFT payment details** (please complete this section if you require payment directly into your account)

Account name

Account number

Bank name

BSB Number

Bank address

State

Postcode

**Overseas payment**

Swift Code

ABA Code

Sort Code

**5 Declaration**

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Signature of insured

Date / /