

Victoria Branch
 459 Collins Street, Melbourne 3000
 GPO Box 1337L, Melbourne 3001
 Telephone: (03) 9629 2081

CARRIERS LEGAL LIABILITY CLAIM FORM

CLAIM NUMBER:

Please answer all questions in full. Any delay returning this form may prejudice your claim under the Policy .

1. Insured: _____
 Address: _____ Tel No. _____
2. Make, Type and Registered number of Vehicle _____
3. Name and address of consignee: _____

4. Date of Despatch _____ 5. Consignment Note No. _____
6. Transit From: _____ To: _____

ARE YOU REGISTERED FOR GST PURPOSES?

No? Yes? ➤ What is your ABN? _____

Have you claimed an input tax credit on the GST amount applicable to this policy?

No? Yes? ➤ Is the amount claimed less than 100% of the GST applicable to the premium? No? Yes? ➤ Specify the percentage amount claimed _____%

PARTICULARS OF LOSS OR DAMAGE

DESCRIPTION OF GOODS	NO. & TYPE OF PACKAGES	VALUE	LESS SALVAGE (IF ANY)	AMOUNT OF CLAIM

8. Was the consignment/freight not signed by the consignor? _____
9. Was the receipt given to your driver clean or qualified? _____
10. Were the goods carried on your own vehicle(s)? _____
11. Did you carry these goods as a principal or sub-contractor? _____
12. If as sub-contractor, were you charged insurance premium? _____
13. If as principal, did you charge your sub-contractor insurance premium? _____
14. Did your driver personally count or check consignment? _____
15. How were the goods packed (state if in accordance with trade or custom)? _____
16. How were the goods stowed, sheeted, etc? _____
17. a) Have the owners their own insurance on this consignment? _____
 b) If so, with what company? _____
18. Has claim been made against you? _____ If so, attach document.

19. STATE FULLY THE EXACT CAUSE OF LOSS OR DAMAGE AND ACTION TAKEN IMMEDIATELY AFTER KNOWLEDGE OF CASUALTY

- Note:**
- (i) If caused through accident state exactly when and where it happened.
- (ii) Give particulars of any third party involved (i.e. name(s), address(es) and registered number of their vehicle(s).
- (iii) State if accident reported to policy and if so where. If loss due to theft, pilferage or short delivery full details must be reported to the nearest police station. (Include name of station and officer).
- (iv) Statement from driver should be attached.
- (v) Copy of Consignment/Freight note should be attached.
- (vi) Copy of load manifest.

20. (a) Do you consider you are liable for this loss? _____
- (b) Please give reasons _____
- _____

I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct.

Insured's Signature: _____ Dated at: _____ 20_____