



Claim Form – Carriers Liability to Cargo Insurance

The issue of this form is not an admission of liability by the insurer

Policy No.

Claim No.

This claim form is to be used for all claims made against you by cargo owners for lost or damaged cargo. On completion please forward this claim form to your broker or our office in your state.

THE INSURED

Insured's Name		<input type="text"/>	
Are you registered for GST?	No <input type="checkbox"/> Yes <input type="checkbox"/>	What is your ABN?	<input type="text"/>
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?	<input type="text"/>	
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	% <input type="text"/>
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?	<input type="text"/>	
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed	<input type="text"/>	% <input type="text"/>
Address	<input type="text"/>		
		State	Postcode
Contact Numbers	Business ()	Private ()	
	Facsimile ()	Mobile	
Policy Number	<input type="text"/>		Expiry Date <input type="text"/> / <input type="text"/> / <input type="text"/>

THE CARGO

Please ✓

Please provide details of the cargo owner.

Has the owner of the goods claimed against you for loss or damage? Yes No

If YES you must provide us with details including your reply, if any.

Was there any insurance covering the cargo at the time of loss? Yes No

If YES, provide name of insurer and policy number.

Name of Insurer Policy No. ()

Where can the damaged goods be inspected?

CONTACT Name Phone No.

