



# Cargo

## Claim form

### Privacy

We collect, use, process and store personal information and, in some cases, Sensitive Information about you in order to comply with our legal obligations and in order to assess your claim ('purposes'). By providing us or your intermediary with your Information, you consent to our use of this Information which includes us disclosing your Information where relevant for the purposes, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, to our service providers (including loss adjusters and investigators), insurance reference bureaus, our business partners or as required by law within Australia or overseas. 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.

Zurich may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or to make a complaint, please refer to the Privacy link on our homepage – [www.zurich.com.au](http://www.zurich.com.au), contact us by telephone on 132 687 or email us at [Privacy.Officer@zurich.com.au](mailto:Privacy.Officer@zurich.com.au)

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

- Commercial invoice
- Packing/weight/inventory list
- Bill of lading/airway bill/consignment note (showing terms and conditions)
- Customs entry form
- Freight invoice
- Wharf delivery docket
- Quotation for repair/replacement
- Any other evidence of loss or damage including photographs
- Original insurance certificate (not required if we issued the policy)
- Copy of your written 'letter of demand' to the carrier/port authority/other or bailee and any response.

### Important note

It is the duty of the Assured and their Agents, in all cases, to take such measures as may be reasonable, for the purpose of averting or minimizing a loss and to ensure that all rights against carriers, bailees or other third parties are properly preserved and exercised.

1. To claim immediately on the carriers, port authorities or other bailees for any missing packages.
2. In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition.
3. When delivery is made by container, to ensure that the container and its seals are examined immediately by their responsible official. If the container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification.
4. To apply immediately for survey by carriers or other bailees' Representatives if any loss or damage to apparent and claim on the Carriers or other bailees for any actual loss or damage found at such survey.
5. To give notice in writing to the Carriers or other bailees within three days of delivery if the loss or damage was not apparent at the time of taking delivery.

## 1 Insured details

Policy number	Claim number		
.....			
Insured name			
.....			
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 / /

Name of vessel/airline Voyage/flight number

Carrier Freight Forwarder

Port of shipment Port of discharge

Consignor name and address

Consignee name and address

Please indicate  terms of sale  FOB  CFR  CIF  Ex Works  Other, please provide details

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

Police report number

Please provide details of how loss/damage occurred

Where did the loss/damage occur?

If goods are damaged, please provide address where the damaged goods can be inspected

Please provide details of packaging condition

Can damaged goods be repaired? Yes  No  If 'No', is there a salvage value? Yes  No  If 'Yes', approx value AU\$

**Other insurance cover**

Was there any other insurance covering this event at the time of loss? Yes  No  If 'Yes', please advise insurance company and policy number

**Other interested parties**

Please provide details including names and address of other interested parties i.e. finance or lease company

**Carrier**

Were the goods carried by a shipping company, freight forwarder or carrier? Yes  No

If 'Yes', please provide details including name and address

Were details of the loss and/or damage noted at the time of delivery? Yes  No

Were details of loss and/or damage noted on delivery docket? Yes  No

Has a claim been lodged on the shipping company, freight forwarder or carrier? Yes  No  If 'No', please lodge claim

Has the shipping company, airline or carrier surveyed the damage? Yes  No

Description of items to be claimed (include make, model and age)	Details of loss/damage	Can the item be repaired?	Amount claimed AU\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
<b>Total amount claimed</b>			<b>AU\$</b>

**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.

Name (Please print) .....

Signature of insured ..... Date / /