

## Marine Cargo/Goods-In-Transit Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Allianz.

To assist us to quickly process your claim please include (where applicable) the following documents:

- Copy of original invoice/stock list/inventory
- Copy of consignment note/air way bill/bill of lading and delivery docket
- Copy of claim on shipping company or carrier or airline and their reply
- All correspondence relating to this claim
- Quotation for cost of repairs
- Invoice for total amount of claim
- Packing slip
- Wharf receipt

## Claim Number

Name of Insured:	<input type="text"/>		
Contact:	<input type="text"/>		
Home Phone No.:	Work Phone No.:	Mobile:	<input type="text"/>
Email	<input type="text"/>		
Postal Address:	<input type="text"/>		Postcode <input type="text"/>
Broker/Agent	<input type="text"/>		Phone No.: <input type="text"/>
Policy No.	<input type="text"/>		Excess \$ <input type="text"/>
Inception Date	Expiry Date	<input type="text"/>	

G.S.T.: Are you registered for GST purposes? Yes  No  A.B.N.:

To what extent are you entitled to claim an Input Tax Credit on the GST for this policy?  %

Transit Details: Name of Carrier	<input type="text"/>	Mode of Transport	<input type="text"/>
Date of Despatch	<input type="text"/>	Date of Arrival	<input type="text"/>
Voyage From	<input type="text"/>	Voyage To	<input type="text"/>
Consignee Name	<input type="text"/>		
Address	<input type="text"/>		Postcode <input type="text"/>

Cargo Loss Details:  Date of Incident

State in detail the nature of the loss / destruction / damage.

Was a clean receipt given when goods were delivered (or when delivery was taken)? Yes  No

If No, how was the receipt qualified?

If caused by accident to the carrying vehicle, give details (including when and where the accident happened).

If loss was due to theft, pilferage and / or short delivery, were the shipping company or carrier notified? Yes  No

If Yes, please provide details (attach copies of any written notification).

Marine

**Goods Lost, Destroyed or Damaged and Value** (if insufficient space, please attach separate list)

1.	\$	4.	\$
2.	\$	5.	\$
3.	\$	6.	\$

How were the goods packed or protected? \_\_\_\_\_  
\_\_\_\_\_

**Police:** Did a police officer attend, or was the incident reported at a Police Station? Yes  No

If Yes, Name of Officer: \_\_\_\_\_ Police Station: \_\_\_\_\_

Time incident reported at Police Station \_\_\_\_\_ am/pm Date \_\_\_\_\_

**Repairs:** Can the damaged goods be repaired or reconditioned? Yes  No

Has a repair quotation been received? Yes  No  If Yes, (attach quote) \$ \_\_\_\_\_

Have any repairs been carried out? Yes  No  If Yes, (attach invoice) \$ \_\_\_\_\_

**Name of Repairer** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_ Postcode \_\_\_\_\_

**Contact Name** \_\_\_\_\_ **Telephone No. (Work)** \_\_\_\_\_

**Nature of Repairs?** \_\_\_\_\_

\_\_\_\_\_ Temporary  Permanent

The amount of this Claim \$ \_\_\_\_\_ Less Excess \$ \_\_\_\_\_ **Total** \$ \_\_\_\_\_

Has a Claim been made on the Shipping Company or Carrier? Yes  No  (If No, we require that immediate notice of Claim be lodged)

**Please attach copies of any written claim made on the Shipping Company or Carrier.**

**Privacy:** The Privacy Act 1988 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims.

When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss

adjusters, external claims data collectors, investigators and agents, to the Insurance Reference Services (IRS), etc or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 1300 360 529 EST 9am-5pm, Mon-Fri and advise us of the changes.

**IDR Statement:** Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details.

If you are not satisfied with the outcome of this process, we will advise you how to contact the insurance industry's external independent complaints scheme (subject to eligibility).

**Declaration:** I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act

1988 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim. I/we acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured \_\_\_\_\_ Date \_\_\_\_\_