

# CARGO CLAIM FORM

## Privacy

We need personal information about you to access your claim. We will, where relevant, disclose your personal information to your advisor (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 Panoptic Underwriting Agency Pty Ltd or parties appointed by them. This may include contacting the owner of the goods 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

- Commercial invoice
- Packing/Weight/Inventory List
- Bill of Lading/Airway Bill/Consignment Note (showing Terms & Conditions)
- Customs entry form
- Freight invoice
- Wharf Delivery Docket
- Quotation for repair/replacement
- Any other evidence of loss or damage - photographs
- Original Insurance Certificate
- Copy of your written letter of 'Demand' to the Carrier/Port Authority/other Bailee and their subsequent response

## Insured Details

Policy Number:  Certificate Number:

Insured Name:

Postal Address:

Contact Number:  Email Address:

Contact Name:  Fax Number:

## GST Declaration

Are you registered for GST Purposes? Yes  No

If **Yes**, what is your ABN?

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

Is the amount claimed less than 100%? Yes  No

If **Yes**, what percentage of the GST claimed is applicable to the premium?  %

## Claim Details

1. Date of loss/damage:  Date of Dispatch:

Date of Arrival:

2. Name of Vessel/Airline:  Voyage/Flight No.:

3. Name of Carrier:  Freight Forwarder:

4. Port of Shipment \_\_\_\_\_ Port of Discharge: \_\_\_\_\_

5. Consignor Name and Address:

6. Consignee Name and Address:

7. Terms of Sale (FOB, CIF, Ex Works, etc): \_\_\_\_\_

8. Nature of claim - Please give full description of how and where loss/damage occurred?

9. Please describe packaging condition?

10. If Goods are damaged, location of damaged Goods.

11. Has the event been reported to the police? **Yes**  **No**

If **Yes**, please give details of the Police Station involved \_\_\_\_\_ Police Report Number \_\_\_\_\_

12. If damaged goods can not be repaired, is there Salvage Value? **Yes**  **No**

If **Yes**, what is appox value AU\$ \_\_\_\_\_

13. Name and Address of other interested parties (ie. Finance Company, Lessee)

14. Is there any other Insurance covering this event at the time of loss? **Yes**  **No**   
 If **Yes**, please provide Company Name and Policy Number.

15. Were details of the Loss or Damage noted at the time of Delivery? **Yes**  **No**   
 If **No**, please confirm reasons why?

16. Were details of Loss or Damage noted on Delivery Docket? **Yes**  **No**

17. Has a claim been lodged against the shipping company, airline, and road carrier? **Yes**  **No**   
 If **No**, please do so.

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

**Important Note:** It is the duty of the Insured 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. To apply immediately for survey by Carriers or other Bailees' Representatives if any loss or damage be apparent and claim on the Carriers or other Bailees for any actual loss or damage found at such survey
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. In no circumstances, except underwritten protest, to give clean receipts where goods are in doubtful condition
5. To give notice in writing to the Carriers or other Bailees within 3 days of delivery if the loss or damage was not apparent at the time of taking delivery.

| Items to be claimed<br>(include Make, Model and Age) | Details of loss/damage | Can the item be repaired?<br>Yes/No                      | Amount Claimed (AUD) |
|--|------------------------|--|----------------------|
| <input type="text"/>                                 | <input type="text"/>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                |
| <input type="text"/>                                 | <input type="text"/>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                |
| <input type="text"/>                                 | <input type="text"/>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                |
| <input type="text"/>                                 | <input type="text"/>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                |
| <input type="text"/>                                 | <input type="text"/>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                |
| <input type="text"/>                                 | <input type="text"/>   | <input type="checkbox"/> Yes <input type="checkbox"/> No | _____                |
| <b>Total amount claimed</b>                          |                        |  | <input type="text"/> |



## 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: \_\_\_\_\_

### Overseas Payment:

ABA Code: \_\_\_\_\_

Swift Code \_\_\_\_\_

Sort Code: \_\_\_\_\_

## Declaration

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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 consent to Panoptic Underwriting Agency Pty Ltd using my personal information I have provided in this form for the purpose of processing my claim. I understand that if I choose not to provide the required details, this is my choice; however, Panoptic Underwriting Agency Pty Ltd may not be able to process my claim.

I consent to Panoptic Underwriting Agency Pty Ltd disclosing my personal information to other insurers, an insurance reference service or as required by law. I consent to Panoptic Underwriting Agency Pty Ltd also disclosing my personal information to and/or collecting additional information about me, from investigators or legal advisors.

I understand that Insurers do not admit liability by the issue of this form.

Signature of Insured \_\_\_\_\_ Dated \_\_\_\_\_ Position \_\_\_\_\_