

GOODS IN TRANSIT CLAIM FORM

Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (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

- Quotation for repair/replacement
- Consignment/freight/delivery note (showing terms and conditions)
- Packing/weight/inventory/list
- Copy of your written 'Letter of Demand' to the carrier and their subsequent response
- Any other evidence of loss or damage including photographs

1. Insured details

Policy number _____

Insured name _____

Postal 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 _____

Place of dispatch _____ Place of arrival _____

When was loss/damage first discovered _____

Please provide details of the loss/damage incident

Where did the loss occur? _____

Address where damaged goods can be inspected _____

Consignee name and address _____

Consignor name and address _____

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

Police report number _____

Can damaged goods be repaired Yes No If **No**, is there any salvage value? Yes No

If **Yes**, please advise approximate value AU\$ _____

Other insurance cover

Was there any other insurance covering this event? Yes No

If **Yes**, please advise insurance company name and policy number

Other interested parties

Please provide details including name and address of other interested parties (ie finance company, lessee)

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/damage noted at the time of delivery? Yes No If **No**, please advise why not

Were details of the loss/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

