

# Marine Cargo Claim form

## Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

### How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

## A Insured's details

1. Insured's name

2. Policy number

3. Expiry date

dd / mm / yyyy

4. Address

5. Phone

Work

Mobile

6. Email address

7. Bank details to be used for claims settlements

(a) Payee name

(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:

(c) For payments into overseas accounts, please provide the following:

Bank

Branch

Country

Swift/sort code

Account number



## B Voyage details

1. Name of consignor(s)

2. Name of consignor(s)

3. Description of consignment (including type and number of packages)

4. Was the cargo containerised? Yes  No

5. Type of container ISO  Hard Top  Open Top  Flat Rack  Reefer  Other

6. Container number  7. Date loaded onto overseas vessel/aircraft

8. Voyage From  To

9. Transhipped at

10. Shipping company/airline

11. Road carriers

12. Vessel name(s)

13. Voyage/flight number  14. Terms of sale (FOB, CFR etc)

15. Who arranged transport of the cargo?

16. Through whom was this arranged?

17. Date discharged from vessel/aircraft

## C Loss details

1. Date and time of loss (if known)  Time  am  pm

2. Place of loss/damage (if known)

3. Please describe the circumstances leading up to the loss or damage.

4. What damage did the goods sustain?

5. Estimated value of the loss/damage

NZD

6. Delivery date of the goods

dd / mm / yyyy

7. Date loss/damage discovered

dd / mm / yyyy

8. Was loss/damage noted at the time of delivery?

Yes  No

If 'No', please outline the reason why.

If 'Yes', was this noted on delivery documents?

Yes  No

9. Please provide details of the action taken to safeguard/reduce damage.

10. Has the shipping company/airline/road carrier surveyed the damaged goods?

Yes  No

11. Have you lodged a claim against the shipping company/airline/road carrier?

Yes  No

Important: If 'No', you must complete an 'Initial Notice of Claim' and send to all appropriate parties immediately.

## D Enclosures

In support of your claim please attach the documents listed below. Failure to supply any of these documents may delay settlement of your claim.

- The original insurance certificate or declaration
- The original bill of lading, consignment note, airway bill or a clear copy of both sides of these documents
- A copy of the original invoices in relation to the shipment
- A copy of the packing list/manifest
- A copy of the 'Initial Notice of Claim' against the carriers (pro forma)
- A copy of the EWP note/wharf receipt
- A copy of the temperature charts (if applicable)
- A copy of all correspondence entered into with carriers or other parties in relation to loss or damage

## Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by insured

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

**PRINT**