

New South Wales Branch  
 34 Hunter Street, Sydney 2000  
 GPO Box 4508, Sydney 2001  
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**CARGO CLAIM FORM**

**Please answer all questions in full. Any delay returning this form may prejudice your claim under the Policy.**

**ARE YOU REGISTERED FOR GST PURPOSES?** Yes  No

- What is your ABN? \_\_\_\_\_
- Have you claimed an input tax credit on the GST amount applicable to the policy premium? Yes  No
- If yes, is the amount claimed less than 100% of the GST applicable to the premium? Yes  No
- Specify the percentage amount claimed \_\_\_\_\_%

INSURED (As per policy) \_\_\_\_\_

NAME OF CLAIMANT \_\_\_\_\_

ADDRESS OF CLAIMANT \_\_\_\_\_ TEL NO. \_\_\_\_\_

**DETAILS OF SHIPMENT**

Insurance Policy No. \_\_\_\_\_ Issued by: \_\_\_\_\_  
 Vessel/Air \_\_\_\_\_ Voy. No. / Flight No. \_\_\_\_\_ Arrival date \_\_\_\_\_  
 Port of Shipment \_\_\_\_\_ Port of Discharge \_\_\_\_\_

**DETAILS OF CLAIM**

**Nature of claim** (Strike out if not applicable)

- Pilferage
- Shortlanded
- Damage - give brief description of circumstances of loss or damage,

\_\_\_\_\_  
 \_\_\_\_\_

LIST & DESCRIBE ITEMS CLAIMED FOR:	TYPE OF LOSS OR DAMAGE	INVOICE VALUE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(Claim will be adjusted on Insured Values) **TOTAL** \$ \_\_\_\_\_

**The following must be attached:**

- (1) Original Suppliers Invoice
- (2) Negotiable Copy Bill of Lading/Airway Bill
- (3) Wharf Delivery Docket
- (4) Any other evidence of loss or damage
- (5) Original Insurance Certificate

Has a claim been lodged on the ship or other carrier? \_\_\_\_\_ If so attach copy, and reply if available.

*I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct.*

Signature of Claimant \_\_\_\_\_ Date \_\_\_\_\_ 20\_\_\_\_