

New South Wales Branch  
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## CARRIERS CARGO LIABILITY CLAIM FORM

**POLICY NUMBER:**

**Please answer all questions in full. Incomplete answers may delay processing of your claim.**

*Reference to you/your, I/We, my/our in this claim form means the Insured.*

**INSURED INFORMATION**

**Please advise**

1. **Name of Insured:** \_\_\_\_\_  
**Address:** \_\_\_\_\_  
**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

**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   
*If YES, is the amount claimed less than 100% of the GST applicable to the premium?* Yes  No   
*If YES, specify the percentage amount claimed* \_\_\_\_\_ %

**EVENT INFORMATION**

1. **Has a claim been made against you?** Yes  No   
*If YES then*

1.1. Please attach a copy of the claim made against you

1.2. if you have denied liability in writing attach a copy of the denial

If you answered **NO** to Question 1 do you expect a claim to be made against you? Yes  No

2. **Please give full details if the event giving rise to the claim which has been or may be made against you**

2.1. Date of loss: \_\_\_ / \_\_\_ / \_\_\_  
 2.2. Nature of claim (theft/damage etc): \_\_\_\_\_  
 2.3. Type of goods involved: \_\_\_\_\_  
 2.4. Where loss occurred: \_\_\_\_\_  
 2.5. Other details: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3. **In relation to the event:**

3.1. Has the event been reported to the police? Yes  No

3.1.1. *If YES please give details of the police station involved and names of attending officers:* \_\_\_\_\_  
 \_\_\_\_\_

4 **Were any third parties involved in the event?** Yes  No

If **YES** please advise names addresses and contact details if known: \_\_\_\_\_

**If this claim concerns an accident involving your or your subcontractor's vehicle, please give details of the vehicle involved:**

Registration No: \_\_\_\_\_ Year Acquired: \_\_\_\_\_ Year of manufacture: \_\_\_\_\_

Driver Name: \_\_\_\_\_ Driver Address: \_\_\_\_\_

How long employed by you/your subcontractor: \_\_\_\_\_ Who are the vehicle insurers: \_\_\_\_\_

### TRANSIT INFORMATION

1. **For the transit during which the event giving rise to the claim occurred were the goods being carried:**

1.2 By you as a principal carrier? Yes  No

1.3 By you as a subcontractor for another carrier: Yes  No

1.3.1 If **YES** for whom were you carrying the goods? \_\_\_\_\_

1.3.2 Is there a subcontractors agreement between you  
and the other carrier? Yes  No

1.3.3 If **YES** please provide a copy.

1.4 By a subcontractor engaged by you? Yes  No

1.4.1 If **YES** please give the name and address of the subcontractor: \_\_\_\_\_

2. **Was the transit subject to your standard conditions of carriage as approved by Associated Marine Insurers?**

Yes  No

If **NO** which conditions of carriage apply and please supply a copy of them: \_\_\_\_\_

3. **Was a consignment note issued for the transit?** Yes  No

If **YES** 3.1 Please attach your copy

3.2 Was the consignment note signed prior to the  
commencement of the transit? Yes  No

If you answered **NO** to 3 or 3.2

3.3 Was the consignor already aware of your standard conditions of carriage?  
Yes  No

If you have answered **NO** to 3, 3.2 or 3.3 please give reasons: \_\_\_\_\_

4. **Are you aware of any reason why you could *not* rely on your standard conditions of carriage and deny liability for loss of or damage to goods as a result of the event described in this claim form?** Yes  No

If **YES** please state the reasons: \_\_\_\_\_

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Associated Marine Insurers or parties appointed by them.

*I/We declare that my/our answers to the questions in this claim form are to the best of my/our knowledge and belief true and correct.*

Insured's Signature: \_\_\_\_\_ Dated: \_\_\_\_\_ 20\_\_\_\_