



Cargo Claim Form

Policy Details

Insurer:

Policy/certificate no:

Claim no:

Claimant Details

Full name:

Address:

Phone nos:

Home:

Business:

Fax:

Email:

Occupation:

Consignment Details

Consignor name:

Consignor address:

Date goods dispatched:

Consignee Details

Consignee name and address

(if different from claimant)

Date of arrival at consignee's address:

Cargo Details

How was the carrier's delivery note signed upon arrival at consignee's address?

Name of overseas vessel, airline and final carrier, as applicable:

How was the item packaged for transit?

What do you think caused the loss or damage to the goods?

What are the details of the voyage that the goods travelled?

Documentation

Originals of the following documents should be forwarded with this claim form as soon as possible:

1. Proof of insurance ie insurance certificate or policy.
2. Carrier's receipt or docket including claim on carrier.
3. Bill of lading or airway bill.
4. Customer's certified invoice or other invoice (showing value of goods including freight etc).
5. E.W.P. note.
6. Any replies from carriers or shipping companies that you have put claims on.
7. Any photographs of the items you may have taken.

Remarks

Please add any remarks or comments you consider helpful:

Valued claim

If at this stage you are unable to complete a valued claim, please provide an indication of the value of your loss:

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention:

- (a) This claim form collects personal information about you.
- (b) The information is collected to evaluate your claim.
- (c) The intended recipient of the information is the named insurer.
- (d) The information is being collected and held by the named insurer.
- (e) The collection of this information is required pursuant to the terms of your insurance policy.
- (f) The failure to provide this information may result in your claim being declined.
- (g) You have the rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

DECLARATION

Note: Failure to provide full and truthful information could result in the claim being declined.

- I/We declare that the information given in this form is correct.
- I/We agree that, should there be any dispute over any payment of this claim, the named insurer shall be entitled to submit the dispute to arbitration.
- I/We authorise and request the New Zealand Police to release to the named insurer copies of any documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary authority should be treated as a formal request pursuant to the Official Information Act, 1982.
- I/We authorise the disclosure of personal information held by any other party regarding this claim.
- I/We agree to the named insurer releasing to other parties personal information regarding this claim.
- I/We authorise the insurer or its authorised agent to give or obtain from the other insurers or other parties any information relating to any insurance held or claim made.
- I/We solemnly declare that the information given & contained in this document is true & correct by virtue of the Oaths & Declarations Act, 1957. I/We acknowledge that if any information is incorrect or has been concealed it may result in the claim being declined.

I hereby agree that I have read and understood the above declaration: Yes / No

Insured's signature:

Date: