

**marine**  
insurance for  
marine cargo  
and local transit



claim report

# marine and local transit

## Please retain this page for your information

### About your claim

- ◆ **You do not need to complete this form before we can start working on your claim** - the sooner you let us know the details, the quicker we can start to process your claim
- ◆ The issue of this Claim Report Form is not an admission of liability on our part.
- ◆ We will contact you as quickly as possible about your claim but for many claims we will check the circumstances and damage before we authorise and pay for repairs.
- ◆ **We may appoint a loss adjuster or investigator or contact you for more information.**
- ◆ When we settle a claim, we may pursue recovery rights against the carrier or any other third party who caused loss or damage to the goods.
- ◆ Please ensure you answer the GST questions at Sections 2 & 6.
- ◆ Please refer to your policy booklet for more information about how your claim will be handled.

If you have any questions about your claim, please contact our claim consultants on **1300 661 584**

### What you need to do

1. Inform us about the event as soon as possible – **before you complete this form.**
2. Take reasonable measures to avoid or minimize any loss, damage or expense. We will pay the costs of such measures provided they are both reasonable and necessary. Measures taken by you or us with the object of saving, protecting or recovering the goods shall not be considered as a waiver or acceptance of abandonment or otherwise prejudice the rights of either party.
3. If possible, retain any damaged items, as we may need to inspect them before settling your claim.
4. In the interests of prompt settlement of any claim and to avoid prejudicing your claim under the policy, please either include with this form or provide us as soon as possible with all available supporting documentation including:
  - Supporting documentation and correspondence regarding the event
  - Invoices, statements or other documents evidencing the amount being claimed
  - Contracts of carriage including consignment note(s) or airway bills or bills of lading
  - Copies of invoices, shipping specifications, weight notes or other documents indicating quantity and value
  - Any survey reports or other documentation showing the extent of the loss including delivery notes/weight notes at destination
  - Correspondence exchanged with any third party regarding their liability for the loss or damage
5. Properly preserve and exercise all rights against carriers or other third parties, specifically:
  - Do not release those parties from liability
  - Deliver to the parties responsible a notice of intention to claim within 3 days of delivery.
  - Do not give clean receipts where the goods are in doubtful condition except under written protest.
  - Where the delivery is made by container ensure that the seals are examined immediately by a responsible official.
  - If a container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, note the delivery docket accordingly and retain the seals for subsequent identification
  - If the loss or damage is not immediately apparent at the time of delivery, apply immediately for surveys by the carriers or other bailees to be conducted within 3 days of delivery
  - Inform the police as soon as possible after a theft has occurred
  - In the event of a general average contribution arising under this policy consult us or our nominated settling agent before signing any general average bond

# Marine Cargo and Local Transit Claim Report

Please answer all questions. This will help us to process your application quickly.  
 If you need more space to answer any of the questions, please use a separate sheet of paper.  
 Any attachments will form part of this application and the declaration will include them.

Policy number (from your schedule)

:	:	:	:	:	:	:	:	:	:
---	---	---	---	---	---	---	---	---	---

Expiry date

/	/
---	---

**CGU Insurance use only**

Conditions

XS

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Cause

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## 1. Insured contact details

Surname or company name

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Given name(s)

--

Postal address

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Postcode

Private telephone no.

( )
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Business telephone no.

( )
-----

Facsimile

( )
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Contact name (for company claims)

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## 2. Are you registered for GST purposes?

No  Yes  What is your ABN?

:	:	:	:	:	:	:	:	:	:
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Have you claimed or do you intend to claim an input tax credit on the GST amount applicable to this policy?

No  Yes  Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No  Yes  Specify the percentage amount claimed/to be claimed

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%

## 3. Transit details

1. Goods being shipped:


2. When did the transit commence?

/	/
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3. What date were the goods delivered?

/	/
---	---

4. The goods were in transit from

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to

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5. Name and address of the carrier/shipping line/freight forwarder who moved the goods


#### 4. Details of loss

1. When did the loss, theft or damage happen?

Date

Time

a.m.  p.m.

2. What date was the loss, theft or damage discovered?

Date

Time

a.m.  p.m.

3. Where did the loss, theft or damage happen?

4. Who discovered the loss?

5. Details of any witnesses

6. Have the police been informed?

No  Yes

Date reported

Name of police station

Name of police officer

Police report/incident number

7. Were details of the loss noted on the delivery docket?

No  Yes

8. Have you written to the carrier holding them responsible?

No  Yes

**Where applicable, please attach copies of correspondence exchanged with the carrier, or, if you have not already written to them please do so as soon as possible.**

9. Please describe what happened (use additional pages if necessary and include diagrams if appropriate).

  
  
  
  
  
  
  
  
  

#### 5. Details we require for survey purposes

1. Where are the goods now?

2. Who should we contact to arrange a survey?

Telephone no.

Facsimile

Email address

**6. Details of the goods lost/damaged (if insufficient space please attach additional sheets):**

Item	Nature of damage	Amount claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL AMOUNT BEING CLAIMED</b>		\$

1. Will you be claiming 100% input tax credit for the replacement or repairs?

No  What percentage will you be claiming?  %

Yes

2. Can the goods be repaired?

No  Please attach original receipts, valuations, quotes for replacement and confirmation from an independent party that the goods cannot be repaired

Yes  Please attach quotes for repairs

3. Do you owe money on the goods?

No  Yes  Amount \$

Lenders Details

**7. Other insurance**

If the goods may be covered under other policies held by you please provide details

Insurer Details (Name/Address)	Policy Number	Type of insurance

**8. Documents attached to this claim report – Please tick where attached**

- Police report
- Invoice or valuation
- Subcontract agreement
- Outturn report
- Survey report
- Air Waybill
- Other documents - please give details
- Claim on carrier
- Damage report
- Consignment note (both sides)
- Weight note
- Correspondence
- Carriers reply
- Repair/replacement quote
- Bill of Lading
- Delivery docket
- Packing list/inventory

## 9. Previous Claims

If there is insufficient space, please attach a separate sheet of paper so that it can form part of this application:

Claims details	Value	Date of loss	Insurer
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	
	\$	/ /	

**Questionnaire:** All questions must be answered by each of the applicants and not by the intermediary.  
If insufficient space, please provide additional details on a separate page.

Please tick (✓) Yes or No and give details as requested

1. Has any insurer refused or cancelled cover or imposed special terms for insurance?

If Yes, please provide details:


2. Have you been charged with or convicted of a criminal offence in the last 10 years?

If Yes, please provide details:


3. Are there any other relevant facts relating to the risk to the claim which you should disclose to enable a true assessment before consideration?

If Yes, please state the facts:


Yes	No
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>

4. I/We declare that:

- To the best of my/our knowledge and belief the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.
  - I/We consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. I/we understand that if I chose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.
  - \*I/We consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I/we consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me from investigators or legal advisers.
- \* This consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business

Signature of the Insured

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Date

/ /
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Signature of the Insured

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Date

/ /
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5. Please indicate the number of additional pages attached to this application

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When complete, please forward the report to:

- CGU Insurance, GPO Box 9902 in the capital city of your state or
- our insurance adviser or
- your local CGU Insurance office.





*Insurer*  
**CGU Insurance Limited**  
ABN 27 004 478 371  
An IAG Company