

Carriers combined load claim form



QBE Insurance (Australia) Limited ABN 78 003 191 035 AFSL 239 545

The issue of this form is not an admission of liability by the insurer.

Policy number

Claim number

This claim form is to be used for all claims made against you by cargo owners for lost or damaged cargo.

On completion please forward this claim form to your broker or our office in your State.

The insured

Surname/Business name

Given name(s)

Insured's name

Are you registered for GST?

No Yes

What is your ABN?

Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the Policy?

No Yes

– Will you be claiming an amount less than 100%?

No Yes

– Specify amount claimed

 %

Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?

No Yes

– Will you be claiming an amount less than 100%?

No Yes

– Specify amount claimed

 %

Address

		State		Postcode	
Business	()	Private	()		
Facsimile	()	Mobile			
Email					

Contact number(s)

Contact details

With whom did you contract for the transit of the goods?

The owner

Another carriers

Name and address of whom you contracted to carry the goods

If you were carrying as a subcontractor:

Had you signed a written contract with the principal carrier?

No Yes

If 'Yes', please provide a copy.

Did the principal carrier issue a consignment note?

No Yes

If 'Yes', please provide a copy.

Did the principal carrier charge you for insurance?

No Yes

If 'Yes', please attach details.

Details of the loss

When did the transit commence?

Date	D	D	/	M	M	/	Y	Y
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What date were the goods delivered? (if applicable)

Date	D	D	/	M	M	/	Y	Y
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When was the loss discovered?

Date	D	D	/	M	M	/	Y	Y
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Description of goods being transported.

The goods where in transit:

From

to

Details of the loss

Please give details of what happened:

What actions were taken immediately after the loss?

Has a claim been made against you?

No Yes

If 'Yes', by whom?

Details of Police, if they attended or were notified.

Officer		Report number	
Station		Date	D D / M M / Y Y

Details of claim

Describe the loss or damage

Item <i>(include make, model, age)</i>	Details of damage	Amount claimed
		\$
		\$
		\$
		\$
		\$
		\$
		\$
Total amount claimed		\$

Were there any costs for the recovery of the damaged goods?

No Yes

If 'Yes', please specify the amount

Amount \$

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Who should be contacted to arrange a survey?

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Contact Number

Email address

The following documents are required in support of your claim. *(please attach a copy)*

Consignment Note

No Yes

Letter of claim from the owner of the goods

No Yes Your reply to the letter of demand *(if any)*No Yes

Letter to third party denying liability (in accordance with the terms and conditions of the consignment note)

No Yes

Invoices, statements and any other documents evidencing the amount of the loss

No Yes **Payment details**

Would you like the funds deposited to your Australian bank account by electronic transfer?

No Yes

Bank name		BSB	
Account name		Account number	

Privacy

QBE includes information about how we manage your personal information in our Product Disclosure Statements and policy booklets. You can obtain a copy of the **QBE Privacy Policy Statement** from our website www.qbe.com or contact in writing, to The Compliance Manager, QBE Insurance (Australia) Limited, GPO Box 82 Sydney NSW 2001 or email: compliance.manager@qbe.com.

Declaration and authorisation

The information and answers given above are true, correct and complete in every detail.

1. I/we understand the claim may be refused if information is not true or is withheld.
2. I/we authorise QBE Insurance (Australia) Limited to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of insured

Date

 / /

Office use only

Coverage

Excess

Sum insured

Goods insured

Transit

Assessor

QBE Insurance (Australia) Limited, ABN 78 003 191 035, AFS Licence No. 239545 of 82 Pitt Street, Sydney.