## Carriers combined load claim form



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

The issue of this for	m is not an ac	dmissi	ion of liabilit	ty by the insurer.					
Policy number					Claim number				
				ainst you by cargo owners for ur broker or our office in you		cargo.			
The insured									
	Surname/Busin	ess name	e	Given name(s)					
Insured's name									
Are you registered	for GST?			No Yes What is yo	our 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									
Address					State			Postcode	
Contact	Business	(	)		Private	(	)		
number(s)	Facsimile	(	)		Mobile				
	Email								
Contact details With whom did you Name and address	ı contract for		_		Another ca	rriers			
If you were carryin	g as a subcon	tracto	r:						
Had you signed a written contract with the principal carrier?  If 'Yes', please provide a copy.									
Did the principal carrier issue a consignment note?  If 'Yes', please provide a copy.									
Did the principal ca	arrier charge y	ou for	r insurance?						No Yes
Details of the lo	oss								
When did the trans	it commence	?					Date	D D 1	M M / Y Y
What date were the goods delivered? (if applicable)				)			Date	D D /	M M / Y
When was the loss discovered?  Date D D / M M / Y Y									
Description of goo	ds being trans	sporte	d.						
The goods where in	n transit:								
From					to				

QM0067-1113 1

Details of the loss						
Please give details of what happened:						
What actions were taken immediately after the loss	5?					
Has a claim been made against you?  If 'Yes', by whom?  No Yes						
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Details of Police, if they attended or were notified.						
Officer	R	Report number				
Station				Date D D /	M M / Y Y	
Details of claim						
Describe the loss or damage						
Item (include make, model, age)	Details of damage				Amount claimed	
					\$	
					\$	
					\$	
					\$	
					\$	
			Takal		\$	
			Iotai	amount claimed	\$	
Were there any costs for the recovery of the damag				No Yes		
If 'Yes', please specify the amount					\$	
Why are the goods now?						
Who should be contacted to arrange a survey?						
Contact Number	Email address					
The following documents are required in	support of your c	laim. <i>(please attach</i>	а сору)			
Consignment Note					No Yes	
Letter of claim from the owner of the goods						
Your reply to the letter of demand (if any)						
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						
and any other accuments over					110 165	
Dayment details						
Payment details	ian bank account by a	loctronic transfor?			No V	
Would you like the funds deposited to your Australi Bank name	ian bank account by e	iectionic transfer?	BS	D	No Yes	
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 D D / M M / Y Y					
Office use only							
Coverage		Goods insured					
Excess		Transit					
Sum insured		Assessor					

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