



Carriers Cargo Liability

Claim form

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

Please provide the following information/documentation where possible with your claim form

- Quotation for repair/replacement
- Consignment/freight/delivery note (showing terms and conditions)
- Packing/weight/ inventory/list
- Copy of the third party's 'Letter of Demand' and your response
- Any other evidence of loss or damage including photographs.

1 Insured details

Policy number	Claim number		
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Insured name		
Postal address	State	Postcode	
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Contact name		
Contact number/s		
Email		

2 GST declaration

Are you registered for GST? Yes No If 'Yes', please provide ABN number

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Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No

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If 'Yes', is the amount claimed less than 100%? Yes No

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If 'Yes', please advise percentage of GST claimed is applicable to the premium %

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3 Claim information

Date of loss/damage / / Date of dispatch / / Date of arrival / /

Place of dispatch Place of arrival

When was loss/damage first discovered? / /

Please provide details of the loss/damage incident

Where did the loss occur?

Please provide details of the goods involved

Address where damaged goods can be inspected

Consignee name and address

Consignor name and address

Has the event been reported to the police? Yes No If 'Yes', please advise name and location of police station

Police report number

Has a claim been made against you? Yes No If 'Yes', please advise amount of claim and attach a copy of the demand \$

If 'No', do you expect a claim to be made against you? Yes No

Have you denied liability in writing? Yes No If 'Yes', please attach a copy of communication

Do you consider you are liable for this loss? Yes No Please provide details to support your response

Were there any independent witnesses to the event? Yes No If 'Yes', advise name, address and contact numbers

Accident involving you or your subcontractors vehicle

Details of vehicle Registration

Vehicle insurer details

Driver name/address/contact number

Please indicate if the driver was employed by You Your subcontractor

Length of employment (years/months)

Carrier

Please indicate if goods were carried By you as the principal carrier (did you charge your sub-contractor insurance premium?)
 By you as a subcontractor for another carrier (were you charged insurance premium?)
 By a subcontractor engaged by you – please provide name, address and contact number

Please indicate if the receipt given to your driver was Clean Qualified

Were the goods carried on your own vehicle(s)? Yes No

Did your driver personally count or check the consignment? Yes No

Please provide details of the packing of the goods

Please provide details of goods stowed and sheeted

3 Claim information (continued)

Other Insurance Cover

Do the owners of the goods have their own insurance on this consignment?
If 'Yes', please provide details of insurance company

Yes No

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Standard conditions of carriage

Was a consignment note issued for the transit? Yes No If 'Yes', please attach your copy

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

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

Was the transit subject to your standard conditions of carriage as approved by us? Yes No

If 'No', please attach a copy of the conditions of carriage that applied

If you responded 'No', to any question under standard conditions of carriage, please provide full details

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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 provide details

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4 EFT payment details (please complete this section if you require payment directly into your account)

Account name Account number

Bank name BSB Number

Bank address State Postcode

Overseas payment

Swift Code ABA Code Sort Code

5 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Name (Please print)

Signature of insured Date / /