Goods in Transit

Claim form

ZURICH®

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 your written 'Letter of Demand' to the carrier and their subsequent response
- Any other evidence of loss or damage including photographs.

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1 Insured details

Policy number .... Claim number ....

Insured name ....

Postal address .... State .... Postcode ....

Contact name ....

Contact number/s ....

Email ....

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2 GST declaration

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

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

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

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? ....

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 ....

Can damaged goods be repaired?   Yes ◯   No ◯   If 'No', is there any salvage value?   Yes ◯   No ◯

If 'Yes', please advise approximate value   AU$ ....

Other insurance cover

Was there any other insurance covering this event?   Yes ◯   No ◯   If 'Yes, please advise insurance company name and policy number

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Other interested parties

Please provide details including name and address of other interested parties (ie finance company, lessee)

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Carrier

Were the goods carried by a shipping company, freight forwarder or carrier?   Yes ◯   No ◯

If 'Yes', please provide details including name and address

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Were details of the loss/damage noted at the time of delivery?   Yes ◯   No ◯   If 'No', please advise why not

....

Were details of loss and or damage noted on delivery docket?   Yes ◯   No ◯

Has a claim been lodged on the shipping company, freight forwarder or carrier?   Yes ◯   No ◯   If 'No', please lodge claim

Description of items to be claimed (include make, model and age)	Details of loss/damage	Can the item be repaired?	Amount claimed AU$
		Yes ◯ No ◯	$
		Yes ◯ No ◯	$
		Yes ◯ No ◯	$
		Yes ◯ No ◯	$
		Yes ◯ No ◯	$
		Yes ◯ No ◯	$
		Yes ◯ No ◯	$
		Yes ◯ No ◯	$
		Total amount claimed	**AU$**

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   /   /

Save File   Print Form