

Cargo

New Zealand – Claim form



Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Zurich parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

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

- Commercial invoice
- Packing/weight/inventory list
- Bill of lading/airway bill/consignment note (showing terms and conditions)
- Customs entry form
- Freight invoice
- Wharf delivery docket
- Quotation for repair/replacement
- Any other evidence of loss or damage including photographs
- Original insurance certificate (not required if the policy was issued by Zurich)
- Copy of your written 'letter of demand' to the carrier/port authority/other or bailee and any response.

Important note

It is the duty of the Assured and their Agents, in all cases, to take such measures as may be reasonable, for the purpose of averting or minimizing a loss and to ensure that all rights against carriers, bailees or other third parties are properly preserved and exercised.

1. To claim immediately on the carriers, port authorities or other bailees for any missing packages
2. In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition
3. When delivery is made by container, to ensure that the container and its seals are examined immediately by their responsible official. If the container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification
4. To apply immediately for survey by carriers or other bailees' Representatives if any loss or damage to apparent and claim on the Carriers or other bailees for any actual loss or damage found at such survey
5. To give notice in writing to the Carriers or other bailees within three days of delivery if the loss or damage was not apparent at the time of taking delivery.

Fair Insurance Code

Zurich New Zealand is a member of the Insurance Council of New Zealand (ICNZ), and industry organisation which represents fire and general insurers in New Zealand. As an ICNZ member, we are committed to following the ICNZ Fair Insurance Code. Additional information is Available on the Insurance Council of New Zealand website www.icnz.org.nz



1 Insured details

Policy number	Claim number
.....	
Insured name	
.....	
Address	Postcode
.....
Contact name	
.....	
Contact number/s	
.....	
Email	
.....	

2 Claim information

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

Name of vessel/airline Voyage/flight number

Carrier Freight Forwarder

Port of shipment Port of discharge

Consignor name and address

Consignee name and address

Please indicate terms of sale FOB CFR CIF Ex Works Other, please provide details

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

Police report number

Please provide details of how loss/damage occurred

Where did the loss/damage occur?

If goods are damaged, please provide address where the damaged goods can be inspected

Please provide details of packaging condition

Can damaged goods be repaired? Yes No If 'No', is there a salvage value? Yes No If 'Yes', approx value NZ\$

Other insurance cover

Was there any other insurance covering this event at the time of loss? Yes No If 'Yes', please advise insurance company and policy number

Other interested parties

Please provide details including names and address of other interested parties i.e. finance or lease company

Carrier

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

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

Were details of the loss and/or damage noted at the time of delivery? Yes No

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

Has the shipping company, airline or carrier surveyed the damage? Yes No

Description of items to be claimed (include make, model and age)	Details of loss/damage	Can the item be repaired?	Amount claimed NZ\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
		Yes <input type="checkbox"/> No <input type="checkbox"/>	\$
Total amount claimed			NZ\$

3 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	Postcode

Overseas payment

Swift Code	ABA Code	Sort Code
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4 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.

Signature of insured	Date	/	/
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Email completed form to marine.claims@zurich.com.au