



# Carriers Cargo Liability

## 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 or 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

- 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

### 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](http://www.icnz.org.nz)



### 1 Insured details

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

### 2 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								
_____								

**2 Claim information** (continued)

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 NZ\$

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 witness 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

**Other Insurance Cover**

Do the owners of the goods have their own insurance on this consignment? Yes  No   
If 'Yes', please provide details of insurance company

**2 Claim information** (continued)

**Standard conditions of carriage**

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

Was the transit on limited carrier's risk, owner's risk or declared value? Yes  No

Was any loss or damage noted on consignment note? Yes  No

If 'No', was notice of loss or damage provided within time allowed?

\_\_\_\_\_

How many units were accepted for carriage by the first actual carrier \_\_\_\_\_ units

(note this is not necessarily what is stated on the consignment note?)

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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 \_\_\_\_\_

**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 / /

Email completed form to [marine.claims@zurich.com.au](mailto:marine.claims@zurich.com.au)