



Freight Forwarders 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

- Copy of your trading terms
- Copy of the ocean bill of trading (including reverse side)
- Copy of the house bill of lading (including reverse side)
- Copy of the cargo delivery receipt
- Attach all correspondence and additional information in relation to this matter
- 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



1 Insured details

Policy number	Claim number

Insured name	

Address	Postcode

Contact name	

Contact number/s	

Email	

Claimant name	Contact number

2 Claim information

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

Name of vessel/airline					Voyage/flight number			
_____					_____			
Port of shipment					Port of discharge			
_____					_____			
Consignor name					Contact number			
_____					_____			
Address								

Consignee name					Contact number			
_____					_____			
Address								

Please indicate <input checked="" type="radio"/> your role								
<input type="radio"/> Non-vessel operating carrier								
<input type="radio"/> Freight forwarder								
<input type="radio"/> Haulier								
<input type="radio"/> Warehouse operation								
<input type="radio"/> Other – 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
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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