



Goods in Transit

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 your written 'Letter of Demand' to the carrier and their subsequent 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



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?								

Address where damaged goods can be inspected								

Consignee name and address								

Consignor name and address								

2 Claim information (continued)

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 NZ\$ _____

Other insurance cover

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

Other interested parties

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

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/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 NZ\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
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 _____

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 for to marine.claims@zurich.com.au

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