

# CARRIERS LIABILITY CLAIM FORM

## JURISDICTION

Except to the extent otherwise provided in any subsequently issued policy, the content and use of this form and any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by the laws of New Zealand and in relation to those matters, the parties submit to the jurisdiction of the courts of New Zealand.

## CLIENT DETAILS

Policy number	<input type="text"/>	Expiry date	<input type="text"/> / <input type="text"/> / <input type="text"/>	Sum insured	<input type="text"/>
Name of Insured	<input type="text"/>				
Address	<input type="text"/>				
Telephone	(0 ) <input type="text"/>	Facsimile	(0 ) <input type="text"/>		
E-mail	<input type="text"/>				

## PARTICULARS OF TRANSIT

Name of Consignor(s)	<input type="text"/>
Name of Consignee(s)	<input type="text"/>

Were the goods being transported at 'Limited Carriers Risk'? Yes  No  If No, please advise terms of carriage and supply copy of contract.

Description of Consignment (including how presented for Carriage)	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Description of vehicle(s) on which goods carried	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Goods in transit to

Goods in transit from

Party responsible for loading consignment

Name of driver

Were any drugs or alcohol consumed by the driver within the 24 hours prior to the incident? Yes  No

Did driver count or check consignment? Yes  No

Were quantities correct and in good order? Yes  No

Was a clean receipt given: at loading? Yes  No

at delivery? Yes  No

Was Insured contracting or actual carrier? Contracting  Actual

If actual carrier, who was the contracting carrier?

If contracting carrier, who was the actual carrier?

**PARTICULARS OF LOSS**

Date and time of loss (if known)		/	/	Time		am		pm	
Place of loss (if known)									
Date loss/damage discovered		/	/						
Date you were advised of the loss/damage:	By phone		/	/					
	In writing		/	/					
Circumstances leading to loss									
What damage did goods sustain?									
Location of goods for inspection									
Estimated value of loss									
Number of packets/units that were lost/damaged									

**IN SUPPORT OF YOUR CLAIM PLEASE ATTACH THE DOCUMENTS BELOW. FAILURE TO SUPPLY ANY OF THESE DOCUMENTS MAY DELAY SETTLEMENT OF YOUR CLAIM.**

- In the case of theft, report the matter to the Police Department promptly, and attach a copy of Police Complaint Acknowledgment form.
- All the suppliers' invoices in support of this consignment and full set of packing lists/inventory.
- The original Consignment Note (if this is not available, a clear copy, front and back, of same).
- Copy of valued claim made against you.
- Carriers' delivery docket noting damage/shortage.
- Copy of all correspondence entered into with any parties in relation to loss or damage.
- If contracting carrier copy of claim against actual carrier.

Pursuant to the Privacy Act 1993, the following is brought to your attention –

- (a) This claim form collects personal information about you.
- (b) The information is collected to evaluate your claim.
- (c) The intended recipient of the information is QBE Insurance (International) Ltd.
- (d) The information is collected and held by QBE Insurance (International) Ltd.
- (e) This collection of this information is required pursuant to your insurance policy.
- (f) The failure to provide this information may result in your claim being declined.
- (g) You have the rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

I/We hereby declare that to the best of my/our knowledge the information detailed on this form is true and correct, and that I/we have not withheld any information likely to affect acceptance of this claim.

Signed		Date		/	/
Printed name					
Position					