

Carriers Legal Liability Claim Form



All questions on this form must be clearly and fully answered, otherwise the processing of this claim may be delayed until the required information is supplied.

Where additional documents are requested, you must provide these for your claim to be considered.

If any question does not apply to the circumstances of your claim, you must mark the response "not applicable".

The Insured

Name and address of Insured (i.e. the carrier) _____

Phone _____ Fax _____ Email _____

Name of the carrier's driver _____

Licence details _____

Were you the first actual carrier? **yes ~ no** (Please circle)

Was any part of the journey subcontracted? **yes ~ no**

If yes, please provide all actual carrier/driver details as above (attach a separate sheet if necessary) _____

The Goods

What goods were being carried? _____

Name and address of consignor _____

Name and address of consignee _____

Did the consignor give special instructions regarding carrying the goods? **yes ~ no**

If yes, please provide details (attach a separate sheet if necessary) _____

The Loss

What are the circumstances of the loss? (Please tell us as precisely as possible what happened) _____

What damage did the goods sustain? _____

Date/time of loss _____

Description of place/address where loss or damage occurred _____

When did you find out about the loss? Date / /

Please attach any written notice of the claim against you (pro forma claim) including details of any Consequential Loss against you

Where can we inspect the damaged goods? Address _____

Contact/ Phone _____

Estimated value of the consignment \$ _____ Estimated damage to the goods \$ _____

Estimated salvage value of the goods \$ _____

Did you incur any additional charges to clear up debris or on-forward goods to their intended destination? If so, what were the estimated amounts?

Debris removal charges \$ _____ On-forwarding charges \$ _____

How were the goods received for transit? Full container load Palletised Cartons Other _____

What action has been taken to minimise the loss? _____



Other Information

If goods were not carried on Limited Carriers Risk terms, what terms applied to the transit?

Owners Risk or Declared Value or Declared Terms (delete where appropriate)

(Attach a copy of the contract for Declared Value or Declared Terms transits if applicable)

Did the driver sign a clean receipt on collecting the goods? **yes - no**

If no, why? _____

Did the consignee sign a clean receipt on delivery of the goods? **yes - no**

If no, why? (Attach copies of all receipts for the goods) _____

If the carrying vehicle was involved in an accident:

Did the police attend? **yes - no** If yes, please attach contact details for the attending officer/station

Were there other vehicles involved? **yes - no** If yes, please attach contact details of other drivers/their insurers

If the loss occurred in store, please provide:

Name and address of material damage insurer _____

Name and address of bailees liability insurer _____

If livestock were involved:

How were animals received for transit? _____

How often were stock checked in transit? _____

When/where was death/injury discovered? _____

Have animals been disposed of? **yes - no**

If yes, how? _____

Checklist

For your claim to be considered you MUST attach copies of ALL applicable documents:

- **Consignment Note**
- **Copy of invoice / proof of value / Commercial Sales Invoice**
- **Written notice of the claims against you (pro forma claim) from consignee**
- **Statement of claim (valued claim) from consignee**
- **Signed delivery receipt**
- **Copy of Police complaint acknowledgement**
- **Disposal Certificate**
- **Copy of any credit/salvage note**

Declaration / Privacy Act 1993 / Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We:

- Agree that any instructions given by you for the repair or removal/disposal of the vessel will be taken as being given on my/our behalf
- Agree to give any further information that may be required
- Understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim
- Authorise the disclosure of this personal information regarding this claim to other parties
- Authorise the obtaining by you from any other party personal information about me/us that is, in your view, relevant to this claim
- Authorise the obtaining by you from Insurance Claims Register (ICR Ltd), which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is, in your view, relevant to this claim.
- Authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd
- Are fully authorised to complete and sign this claim on behalf of the person/s named in the proposal.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being denied.

Signature of Claimant _____

Date / /

Print Name _____

Position _____