

Freight forwarders combined liability claim form

Form MN044 11/09



Lumley General Insurance (N.Z.) Limited, Head Office, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand, Tel 308 1100, Fax 09 308 1114

Insured details

The Insured:

Policy no:

Expiry date: / /

Postal address:

Contact phone number:

Email:

Details of loss or damage

Time: am/pm Date: / / Location:

Circumstances of the loss or damage

(a) Details of goods or stock lost or damaged

(i) Description:

(ii) Number of packages, articles or animals:

(b) When or where were the goods or stock loaded?

(c) Was a clean receipt given at the time of loading? Yes No (d) Was a clean receipt received at the time of delivery? Yes No (e) Was the load carried by any subcontractor employed by you? Yes No

Give details of the event giving rise to the loss or damage:

Where can the goods be inspected?

Further particulars

Name and address of Consignors:

Name and address of Consignees:

Was the loss due to theft or pilferage? Yes No If **Yes**, please provide copy of police complaint acknowledgement form. Date reported: / /

Carrier details

Who was the carrier?

Have you lodged a claim on the carrier? Yes No

Amount of claim

Value of goods or stock lost or damaged (list for each package or animal): \$

Salvage (if any) deduct \$

Less Excess under Policy \$

Net amount of Claim \$

Required documentation

The following documents supporting the claim must be produced:

- (a) House bill of lading/house air waybill/consignment note
- (b) Packing list or inventory
- (c) Supplier's or certified invoice
- (d) Pre-shipment report
- (e) Your customers pro-forma claim on you
- (f) Your pro-forma claim on the carrier.

Note carefully: Damaged articles must be retained for inspection if required.

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate Your claim;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited ('Lumley') (P.O. Box 2426 Auckland);
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') (C/- P.O. Box 2426 Auckland) for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993

Declaration

Note: Failure to provide full and truthful information could result in the claim being declined.

I/We agree that should there be any dispute over payment of this claim, the company shall be entitled to submit the dispute to arbitration.

I/We declare the information given in this form to be correct.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regard this claim.

| | |
|-----------------------------|--------------|
| Insured(s) signature: _____ | Title: _____ |
| Insured(s) signature: _____ | Title: _____ |
| Date: / / | |