

MARINE CARGO 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"/> |
| QBE branch office | <input type="text"/> | | | | |
| Insured name | <input type="text"/> | | | | |
| Address | <input type="text"/> | | | | |
| Telephone | (0 <input type="text"/>) <input type="text"/> | Facsimile | (0 <input type="text"/>) <input type="text"/> | | |
| E-mail | <input type="text"/> | | | | |

PARTICULARS OF VOYAGE

| | |
|--|----------------------|
| Name of Consignor(s) | <input type="text"/> |
| Name of Consignee(s) | <input type="text"/> |
| Description of Consignment (including type and number of packages) | <input type="text"/> |
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|--------------------------------------|--|--------------------------|----------|--------------------------|---|--|-----------|--------------------------|--------|--------------------------|-------|--------------------------|
| Was cargo containerised? | | | | | | | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | | |
| Type of container | ISO | <input type="checkbox"/> | Hard Top | <input type="checkbox"/> | Open Top | <input type="checkbox"/> | Flat Rack | <input type="checkbox"/> | Reefer | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Container number | <input type="text"/> | | | | Date loaded onto overseas vessel/aircraft | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | | | |
| Voyage from | <input type="text"/> | | | | Transhipped at | <input type="text"/> | | | | | | |
| Voyage to | <input type="text"/> | | | | | | | | | | | |
| Shipping company/ Airline | <input type="text"/> | | | | | | | | | | | |
| Road carriers | <input type="text"/> | | | | | | | | | | | |
| Vessel name(s) | <input type="text"/> | | | | | | | | | | | |
| Voyage/flight number | <input type="text"/> | | | | | | | | | | | |
| Terms of sale (FOB, CFR, etc) | <input type="text"/> | | | | | | | | | | | |
| Who arranged transport of the cargo? | <input type="text"/> | | | | | | | | | | | |
| Through whom was this arranged? | <input type="text"/> | | | | | | | | | | | |
| Date discharged from vessel/aircraft | <input type="text"/> / <input type="text"/> / <input type="text"/> | | | | | | | | | | | |

PARTICULARS OF LOSS

Date and time of loss (if known) / Time am pm

Place of loss/damage (if known)

Circumstances leading to loss or damage

What damage did goods sustain?

Estimated value of loss

Date of delivery of goods / Date loss/damage discovered /

Was loss/damage noted at time of delivery? Yes No

If No, reason why

If Yes, was this noted on delivery documents? Yes No

Action taken to safeguard/reduce damage

Has the shipping company/airline/road carrier surveyed the damaged goods? Yes No

Have you lodged a claim against the shipping company/airline/road carrier? Yes No

If No, complete the Proforma Claim attached, and send to all the appropriate parties.

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

- Original Insurance Certificate or Declaration.
- Original Bill of Lading, Consignment Note, Airway Bill or clear copy of both sides.
- Copy of the original invoices in relation to the shipment.
- Copy of the Packing list/Manifest.
- Copy of the Pro Forma/Written Claim against Carriers.
- Copy of E.W.P Note/Wharf receipt.
- Copy of Temperature Charts (if applicable).
- Copy of Shipping Invoices/Freight Accounts.
- Copy of all correspondence entered into with Carriers or other parties in relation to loss or damage.

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

PROFORMA CLAIM

A copy of this form should be completed on your letterhead. You should check with your customs agent for details of the appropriate parties the form should be sent to. If in any doubt forward letters to ALL parties named in the freight contracts. It is important this is done without delay and copies of the letters are attached to your claim form.

| | |
|--|----------------------------------|
| Date | <input type="text" value="/ /"/> |
| Master, owners and agents for shipping company | <input type="text"/> |
| Owners and agents for airlines | <input type="text"/> |
| Carriers for local New Zealand transit | <input type="text"/> |

PROFORMA CLAIM

| | | | |
|---------------------------|----------------------|-----------------|----------------------------------|
| Port/Airport of discharge | <input type="text"/> | Date of arrival | <input type="text" value="/ /"/> |
| Place of delivery | <input type="text"/> | | |
| Bill of Lading number | <input type="text"/> | | |
| Airway Bill Number | <input type="text"/> | | |
| Consignment Note number | <input type="text"/> | | |
| Issued at | <input type="text"/> | | |

The cargo listed below has been Shortlanded Pillaged Damaged ex the vessel and voyage/flight number and transit/road transit.

| | |
|----------------------|----------------------|
| Marks and numbers | <input type="text"/> |
| Description of goods | <input type="text"/> |
| E.W.P note | <input type="text"/> |
| Details of claim | <input type="text"/> |

Your Mr was notified of this claim and requested to attend a joint survey on

Should you wish to survey the goods concerned please contact on (0)

A Value Claim will follow this advice once the extent of the loss has been established.

Yours faithfully