

MARINE CARGO/GOODS-IN-TRANSIT CLAIM



In this claim form, we are collecting information to enable us to evaluate your claim. Under the Privacy Act 1993 we are required to inform you about certain rights and obligations relating to the information which we are collecting. This is in the declaration at the end of the form. We recommend that you read it before continuing.

- Telephone advice seeking this form is not deemed to be formal advice.
- The issue of this form does not constitute an admission of liability.
- Please return the completed form promptly.

To assist us to quickly process your claim, please include (where applicable) the following documents:

- Copy of original invoice/stock list/inventory.
- Copy of consignment note/air way bill/bill of lading and delivery docket.
- Copy of claim on shipping company or carrier or airline and their reply.
- All correspondence relating to this claim.
- Quotation for cost of repairs.
- Invoice for total amount of claim.
- Packing slip.
- Wharf receipt.

Shaded areas for office use only. Please print clearly.

Claim Number	<input type="text"/>			
1. Your Details				
Policy Number	<input type="text"/>			
Company	<input type="text"/>			
Division	<input type="text"/>			
Contact Name	<input type="text"/>			
Postal Address	<input type="text"/>			
		Postcode:	<input type="text"/>	
Private Telephone	<input type="text"/>	Business	<input type="text"/>	
		Mobile	<input type="text"/>	
Nature of Business	<input type="text"/>			
2. Transit Details				
Name of Carrier	<input type="text"/>			
Mode of Transport	<input type="text"/>			
Voyage	From <input type="text"/> to <input type="text"/>			
	Date of despatch	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date of arrival	<input type="text"/> / <input type="text"/> / <input type="text"/>
Consignee Name	<input type="text"/>			
Consignee Address	<input type="text"/>			
		Postcode:	<input type="text"/>	
3. Cargo Loss Details				
State in detail the nature of the loss/destruction/damage.			Date of incident	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				
Was a clean receipt given when goods were delivered (or when delivery was taken)?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If no, how was the receipt qualified?	<input type="text"/>			
If caused by accident to the carrying vehicle, give details including when and where the accident happened.				
<input type="text"/>				
<input type="text"/>				
<input type="text"/>				

If loss was due to theft, pilferage and/or short delivery, was the shipping company or carrier notified? Yes No

Goods lost, destroyed or damaged	Value
	\$
	\$
	\$
	\$

How were the goods packed or protected?

4. Police

Did a police officer attend the incident, or was the incident reported at a Police Station? Yes No

Name of officer

Time incident reported at Police Station am/pm Date / / Station

5. Repairs

Can the damaged goods be repaired or reconditioned? Yes No

Name of Premises

Address
 Postcode:

Contact Name Telephone

Has a quotation been received for the cost of repairs? Yes No **Attach original quotations to this form**

If Yes, amount? \$ Have any repairs been carried out? Yes No

Repairs carried out by

Address
 Postcode:

Nature of Repairs Temporary Permanent The amount of this claim \$
Has a claim been made on the company carrier? Yes No Less excess \$
If no, we require that immediate notice of claim be lodged. Total \$

6. Declaration

I declare that:

- All of the statements and information in this claim form are correct;
- The articles and property in this claim form are correctly described above and were lost, stolen or damaged under the circumstances on this claim form;
- I have told Allianz everything which may be relevant to this claim;
- It is further understood and agreed that if any of the property mentioned in this claim is subsequently recovered, in respect of which compensation has been received by me or any other insureds, I undertake to notify Allianz immediately and refund it in cash the value of the recovered item(s);
- I further understand that:
 - I am required to co-operate with Allianz and provide this information and if I do not, Allianz may decline my claim;
 - I have certain rights of access to and correction of the personal information provided by me on this claim form or in support of this claim. But if I do provide any incorrect information, Allianz may be entitled to decline my claim whether or not it is later corrected;
- I authorise Allianz to obtain personal information about me from any other party and to release that information to other parties if requested;
- I authorise Allianz to obtain copies of any documents or information relating to this claim from the New Zealand Police.

And I make this solemn declaration conscientiously believing the same to be true and by virtue of the Oaths and Declarations Act 1957.

Insured's Signature

Date

 / /

Witnessed

Date

 / /

Person authorised to take statutory declaration