

Australis Underwriting Agency Limited
For and on behalf of Lumley General Insurance (N.Z) Limited

CARGO CLAIM FORM (for goods lost or damaged in transit)

Pursuant to the PRIVACY ACT 1993 the following is brought to your attention :

- | | |
|--|--|
| (a) This claim form collects personal information about you ; | (e) The collection of this information is required pursuant to the terms of your insurance policy ; |
| (b) The information is collected to evaluate your claim ; | (f) The failure to provide this information may result in your being declined ; |
| (c) The intended recipient of the information is Lumley General Insurance (N.Z) Limited ; | (g) You have the rights of access to, and correction of, this subject to the provisions of the Privacy Act 1993. |
| (d) The information is being collected and held by Lumley General Insurance (N.Z) Limited , Po Box 2426 Auckland ; | |

-
1. **Full name of Claimant**
 2. **Address**
 3. **Contact Phone numbers**
 4. **Email address**
 5. **Name and address of consignor**
 6. **Date goods dispatched**
 7. **Name and address of consignee** (if different from Claimant above)
 8. **Date of arrival at consignees address**
 9. **How was carriers delivery note signed upon arrival at consignee's address ?** (clean receipt; damage noted)
 10. **Name of Overseas vessel , Airline and final carrier, as applicable**
 11. **Policy details – what is your Policy / certificate number ?**
 12. **How was the item packaged for transit ?**
 13. **What do you think caused the loss or damage to the goods ?**
 14. **What are the details of the voyage that the goods travelled ?**

