

Carriers Liability Claim form

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

How to complete this form

- To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.
- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker

Company

Individual

A Insured's details

1. Insured's name

2. Policy number

3. Expiry date

dd / mm / yyyy

4. Address

5. Phone

Work

Mobile

6. Email address

B Transit

1. Name of consignor(s)

2. Name of consignee(s)

3. Were the goods being transported at 'Limited Carriers Risk'?

Yes

No

If 'No', please advise the terms of carriage and supply a copy of the contract.

Enclosed

4. Description of the consignment (including how it was presented for carriage)



5. Description of the vehicle(s) on which the goods were carried

[Redacted text area]

6. Goods in transit To [Redacted] From [Redacted]

7. Party responsible for loading consignment [Redacted]

8. Name of driver [Redacted]

9. Were any drugs or alcohol consumed by the driver within the 24 hours prior to the incident? Yes No

10. Did the driver count or check the items in the consignment? Yes No

11. Were quantities correct and in good order? Yes No

12. Was a clean receipt given? (a) at time of loading? Yes No

(a) at time of delivery? Yes No

13. Was the insured the contracting or the actual carrier? Contracting Actual

If the contracting carrier, who was the actual carrier? [Redacted]

If the actual carrier, who was the contracting carrier? [Redacted]

C Loss/damage

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

2. Place of loss/damage (if known) [Redacted]

3. Date loss/damage discovered

4. Date on which you were advised of loss/damage By phone In writing

5. Please outline the circumstances leading up to the loss/damage.
[Redacted text area]

6. What damage did the goods sustain?
[Redacted text area]

7. Location of the goods for inspection purposes?
[Redacted text area]

8. Estimated value of the loss/damage

NZD

9. Number of packets/units that were lost/damaged

D Enclosures

1. In support of your claim, please attach the following. Failure to supply any of these documents may delay the settlement of your claim.

- In the case of theft, report the matter to the Police promptly, and attach a copy of the Police Complaint Acknowledgement form.
- All the suppliers' invoices in support of this consignment and a full set of packing lists/inventory
- The original consignment note (if this is not available, a clear copy, front and back, of the same document)
- A copy of the valued claim made against you
- The carrier's delivery docket noting damage/shortage
- A copy of all correspondence entered into with any parties in relation to the loss or damage
- If the contracting carrier, a copy of the claim against the actual carrier

Declaration

I/We declare that:

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) I/We understand that QBE requires this information (which will be retained by QBE) to evaluate the claim. I/We understand that the Privacy Act 1993 entitles me/us to have access to, and request the correction of, this information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by insured

Date

dd / mm / yyyy

Printed name

Phone

Position

Mobile

Email address

PRINT