



Carriers Transit Claim Form

NOTES:

The issue of this Claim Form is not an admission of liability on our part. All questions must be fully answered in either black or blue pen. Please print clearly and tick () appropriate boxes to indicate 'YES' or 'NO' answers. Please continue on a separate sheet of paper if necessary.

Policy Number

Name of Insured

Address

State Postcode

Are you a GST registered company? Yes No

ABN

Will you claim a 100% input tax credit on the GST in your Insurance premium?

If No, what percentage will you be claiming? %

For Survey Purposes

Contact Name

Contact Telephone Number

Fax Number / Email Address

1. Has a claim been made against you?

No Yes By whom?

2. Do you support settlement of this claim regardless of strict liability?

No Yes Give reasons

3. When did the loss, theft or damage happen?

/ /

Approximate time if known

am pm

4. What date was the loss, theft or damage discovered?

/ /

Approximate time if known

am pm

5. Where did the loss happen?

6. Who discovered the loss?

Global Transport Use Only

Excess: Claim No:

1. Goods being shipped

2. Date the insured goods were moved

 / /

3. When were the insured goods delivered to their destination?

4. The insured goods were in transit

From
To

5. Did the driver personally tally the consignment onto the vehicle?

Yes No By whom was the load tallied?

6. How were the goods secured and protected on the vehicle?

- Give full details

7. Where are the goods now?

7. Details of any witnesses

8. Please state the cause of Loss or Damage

9. Theft or non delivery of goods were reported to Police at
 On (Date) (time)

10. Police report / incident number

11. Were the details of the loss or damage noted on the delivery docket? Yes No

12. What actions were taken immediately after the loss?

1. With whom did you contract for the cartage of the goods?
 The Owner Another Carrier

2. Did you accept full responsibility for the goods under the contract
 No Yes **Please attach a copy of the contract.**

3. Name and address of the person with whom you contracted to carry the goods.

 Postcode

4. Did you use written terms/conditions to limit your liability?
 No Yes **Please provide copy.**

5. If you were carrying as a subcontractor:
 a) Had you signed a written contract with the principal?
 No Yes **Please provide copy.**

b) Did the principal carrier issue a consignment note?
 No Yes **Please provide copy.**

c) Did the principal carrier charge you for insurance?
 No Yes **Please attach details.**

6. Were the goods in your own vehicle/premises at the time of the loss?
 Yes No **If they were not in your own vehicle/premises, in whose control were they?**

7. Name and address of the consignor/owner

 Postcode

8. Did the owner of the goods have their own insurance on the goods?
 No Yes

List the Goods lost, damaged, destroyed or stolen	If lost, stolen or destroyed what is the invoice value or value declared for Insurance	If damaged, what is the estimated repair cost?
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

\$
\$
\$
\$
\$

\$
\$
\$
\$
\$

Total Amount Claimed

\$

Will you be claiming a 100% input tax credit for the replacement / repairs?

If No, what percentage input tax credit will you be claiming?

 Yes

%

 No

Please attach the following documents where applicable:

- | | |
|--|--|
| <input type="checkbox"/> Commercial Invoice | <input type="checkbox"/> Outturn report |
| <input type="checkbox"/> Inventory or Packing List | <input type="checkbox"/> Quotation for Replacement / Repairs |
| <input type="checkbox"/> Consignment Note including terms and conditions on reverse side | <input type="checkbox"/> Police Report |
| <input type="checkbox"/> Copy of Non-Delivery / Shortage Receipt | <input type="checkbox"/> Delivery Docket |
| <input type="checkbox"/> Subcontract agreement | <input type="checkbox"/> Claim received |
| <input type="checkbox"/> Weight note | <input type="checkbox"/> Damage report |
| <input type="checkbox"/> Correspondence | <input type="checkbox"/> Contract Terms |
| <input type="checkbox"/> Your reply | <input type="checkbox"/> Any other documents that you think may assist us in understanding your claim. |

Privacy

The Privacy Act 1998 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on (02) 9966 8820 and advise us of the changes.

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed.

I/We acknowledge that I/we have read and understood the Privacy Act 1998 information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information the Global Transport will be unable to process my/our claim.

Signature of Insured(s)

Date / /

Date / /

To enable us to promptly deal with your claim, please submit this claim form and available supporting documents as soon as possible.

Please forward the completed form and applicable documents to:

Global Transport & Automotive Solutions Pty Ltd
 PO Box 507, St Leonards NSW 1590
 Level 6, 55 Chandos Street, St Leonards NSW 2065
 Ph: (02) 9966 8820 Fax: (02) 9966 8840