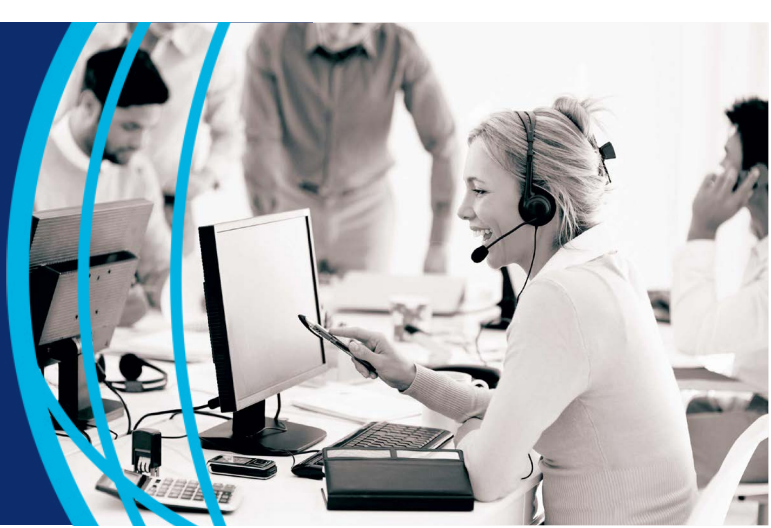


CLAIM FORM

Carriers Transit Liability



IMPORTANT INFORMATION - PLEASE READ BEFORE COMPLETING THIS FORM

COMPLETING YOUR CLAIM FORM

Please complete this claim form in full and return to your Insurance broker, Agent or return to GT Insurance at:

Email: claims@gtins.com.au

Fax: (02) 9966 8840

Mail: PO Box 1937, North Sydney NSW 2059

You must report to us as soon as reasonably possible after You become aware of anything happening which may result in a claim under Your Policy. It is important to provide us with the information we require to assist with your claim, in accordance with the Claims procedures section of Your Policy. If you do not provide us with the required information your assessment may be delayed or we may be unable to manage your claim.

The information you provide will be treated in accordance with our Privacy Policy & Procedures, available at www.gtins.com.au

Important Note:

You should not:

- admit liability for, or offer or agree to settle, any claim without Our written consent. If you do we may reduce or refuse Your claim to the extent We are prejudiced.
- authorise the repair or replacement of anything without Our agreement unless for safety reasons or to minimise or prevent further imminent loss, Damage, liability or injury. Please contact Us to confirm approval for these costs.

IS SOMEONE MAKING A CLAIM AGAINST YOU?

You should not admit liability. If you do we may reduce or refuse Your claim to the extent We are prejudiced. You should request that any claim against you is put in writing and you should provide all correspondence received from the other party with this claim form. For further advice contact your broker or contact GT Insurance on: (02) 9966 8820. Where necessary, we will communicate with third parties and/or their insurer on your behalf to establish the circumstances of the incident. We will act reasonably having regard to Your interests, and will keep You informed if You ask Us to.

YOUR EXCESS

You will be advised of any excess(es) applicable to your claim.

PRIVACY NOTICE

We give priority to protecting the privacy of Your personal information. We do this by handling personal information in a responsible manner and in accordance with the *Privacy Act 1988 (Cth)*. In this Privacy Notice, 'We', 'Our', 'Us' means Global Transport & Automotive Insurance Solutions Pty Ltd and Allianz Australia Insurance Limited trading as 'GT Insurance'.

HOW WE COLLECT YOUR PERSONAL INFORMATION

We usually collect Your personal information from You or Your agents. We may also collect it from Our agents and service providers; other insurers and insurance reference bureaus; people who are involved in a claim or assist Us in investigating or processing claims, including third parties claiming under Your Policy, witnesses and medical practitioners; third parties who may be arranging insurance cover for a group that You are a part of; law enforcement, dispute resolution, statutory and regulatory bodies; marketing lists and industry databases; and publicly available sources.

WHY WE COLLECT YOUR PERSONAL INFORMATION

We collect Your personal information to enable Us to provide Our products and services, including to process and settle claims; make offers of Our products and services provided by Us, Our related companies, brokers, intermediaries and business partners and others that We have an association with that may interest You; and conduct market or customer research to determine those products or services that may suit You.

You can choose not to receive product or service offerings from Us (including product or service offerings from Us on behalf of Our brokers, intermediaries and/or Our business partners) or Our related companies by calling:

GT Insurance on (02) 9966 8820, EST 8.45am-5pm, Monday to Friday or by writing to GT Insurance, PO Box 1937, North Sydney, NSW 2059.

If You do not provide Your personal information We require, We may not be able to provide You with Our services, including settlement of claims.

WHO WE DISCLOSE YOUR PERSONAL INFORMATION TO

We may disclose Your personal information to others with whom We have business arrangements for the purposes listed in the paragraph above or to enable them to offer their products and services to You. These parties may include insurers, intermediaries, reinsurers, insurance reference bureaus, related companies, Our advisers, persons involved in claims, external claims data collectors and verifiers, parties that We have an insurance scheme in place with under which You purchased Your Policy (such as a financier or motor vehicle manufacturer and/or dealer). Disclosure may also be made to Government, law enforcement, dispute resolution, statutory or regulatory bodies, and industry databases or as required by law.

DISCLOSURE OVERSEAS

Your personal information may be disclosed to other companies in the Allianz Group, business partners, reinsurers and service providers that may be located in Australia or overseas. The countries to which this information may be disclosed will vary from time to time, but may include Canada, Germany, New Zealand, United Kingdom, United States of America and other countries in which the Allianz Group has a presence or engages subcontractors. We regularly review the security of Our systems used for sending personal information overseas. Any information disclosed may only be used for the purposes of collection detailed above and system administration.

ACCESS TO YOUR PERSONAL INFORMATION AND COMPLAINTS

You may ask for access to the personal information We hold about You and seek correction by calling:

GT Insurance on (02) 9966 8820 EST 8.45am-5pm, Monday to Friday, or by writing to Us at GT Insurance, PO Box 1937, North Sydney NSW 2059

Our Privacy Policy contains details about how You may make a complaint about a breach of the privacy principles contained in the *Privacy Act 1988 (Cth)* and how We deal with complaints. Our Privacy Policy is available at www.gtins.com.au and www.allianz.com.au

TELEPHONE CALL RECORDING

We may record incoming and/or outgoing telephone calls for training or verification purposes. Where We have recorded a telephone call, We can provide You with a copy at Your request, where it is reasonable to do so.

YOUR CONSENT

By providing Us with personal information You and any other person You provide personal information for, consent to these uses and disclosures until You tell Us otherwise. If You wish to withdraw Your consent, including for such things as receiving information on products and offers by Us or persons We have an association with, please contact Us.

GENERAL INSURANCE CODE OF PRACTICE

The General Insurance Code of Practice was developed by the Insurance Council of Australia to further raise standards of practice and service across the insurance industry. The Code Governance Committee (CGC) is an independent body that monitors and enforces insurers' compliance with the Code.

You can obtain more information on the Code of Practice and how it assists you by contacting Us. Contact details are provided below and on the back cover of the Product Disclosure Statement or Policy Document.

GT Insurance on (02) 9966 8820 EST 8.45am-5pm,
Monday to Friday, or by writing to Us at GT Insurance,
PO Box 1937, North Sydney NSW 2059

For more information on the Code Governance Committee (CGC) go to <https://insurancecode.org.au/>

SUBROGATION

You may prejudice Your rights in relation to a claim made under this policy if without prior agreement from Us, You make an agreement with a third party that will prevent Us from recovering a loss from that or another party.

DUTY OF UTMOST GOOD FAITH

Every insurance contract is subject to the duty of utmost good faith which requires both the Insured and the Insurer to act towards each other in utmost good faith. Failure to do so on the part of the Insured may prejudice any claim made under the policy or the continuation of insurance cover by the Insurer.

THE INSURER

Allianz Australia Insurance Limited (Allianz) (incorporated in Australia); ABN 15 000 122 850; AFS Licence No. 234708 of 10 Carrington Street Sydney, 2000.

THE UNDERWRITING AGENCY

Global Transport & Automotive Insurance Solutions Pty Ltd (trading as GT Insurance) AFS Licence No. 240714 ABN 93 069 048 255 of Level 3, Suite 3.01, 213 Miller Street, North Sydney, NSW 2060 is an underwriting agency which specialises in arranging insurance in respect of Motor Vehicles and Mobile Plant and related insurances. GT Insurance acts as the agent of Allianz to market, solicit, offer, arrange and administer the insurance.

GT Insurance has a binding authority to issue, vary and cancel contracts of insurance and to deal with or settle claims on behalf of Allianz. If You need information about this insurance in the first instance, contact GT Insurance.

COMPLAINTS - INTERNAL AND EXTERNAL COMPLAINTS PROCEDURE

If You are dissatisfied with Our service in any way contact Us and We will attempt to resolve the matter in accordance with Our complaints handling procedures. To obtain a copy of Our procedures contact Us on (02) 9966 8820 or visit www.gtins.com.au. If We don't resolve the matter to Your satisfaction You may be able to refer it to the Australian Financial Complaints Authority (AFCA) subject to its terms of reference. It provides a free and independent dispute resolution service for consumers who have general insurance disputes falling within its terms of reference and its contact details are:

The Australian Financial Complaints Authority
Phone: 1800 931 678
Post: GPO Box 3, Melbourne, Victoria 3001
Website: www.afca.org.au
Email: info@afca.org.au

COMPLETING THIS FORM/QUESTIONNAIRE:

- ✓ Please complete all sections in full and provide any requested attachments.
- ✓ This form may be printed and completed in handwriting or it may be completed electronically as an interactive pdf with fillable form fields. If completing electronically, please download to your local computer and complete using Adobe Acrobat Reader (Fill & Sign tool).
- ✓ If more space is required when completing this form, please attach a separate sheet.
- ✓ The use of the term 'You' or 'Your' in this form refers to an Insured and their subsidiary companies and other entities in which they have a controlling interest.
- ✓ The use of the term 'We', 'Our' or 'Us' in this form refers to the Insurer and its Underwriting Agency.
- ✓ It is important to refer to the relevant Product Disclosure Statement and Policy Document which sets out the terms and conditions of cover offered. Please contact your local GT Insurance office or speak to your Intermediary.

Section 1. Policyholder Details

Policy Number

GT Insurance issue carriers transit liability policies that typically begin with AMA. For example: AMA12345678

Insured name(s)

Name of Policyholder/s

Insured's ABN

Australian Business Number (11 digits)

Contact name(s)

Contact number

E-mail

Address

Suburb

Postcode

State or Territory

QLD

NSW

ACT

VIC

TAS

SA

NT

WA

Your Claim Reference

For your records, you may provide us with your own reference for this claim e.g. No. or Division.

(ITC) entitlement%

If you are registered for GST and are eligible to claim an ITC for the item/s that you are making a claim on, please insert the percentage of entitleme

Your Broker or Agent

Broker or Agent Claim Reference No.

Has the Insured in the past 5 years been:

a. refused insurance or had an insurance policy cancelled?

Yes

No

b. convicted of any criminal offence?

Yes

No

Section 2. Transit Details

Description of the Insured Goods in Transit

Date Goods despatched

(dd/mm/yyyy)

Date Goods arrived

(dd/mm/yyyy)

The Insured Goods were in Transit from:

The Insured Goods were in Transit to:

Description of the Conveying Vehicle(s) on which the Insured Goods were carried

How were the Insured Goods secured and protected on the Conveying Vehicle?

Was a clean receipt given at the time of loading?

Yes

No

Was a clean receipt given at time of delivery?

Yes

No

Section 3. Contract Details

Please provide details of the following:

With whom did you contract for the cartage of the Insured Goods? The owner Another carrier

Name of person with whom you contracted for the cartage of the Insured Goods

Street address of person with whom you contracted for the cartage of the Insured Goods

Suburb Postcode

State or Territory QLD NSW ACT VIC TAS SA NT WA

Did you accept full responsibility for the Goods under the contract? Yes No Please attach a copy of the contract

Did you use written terms/conditions to limit your liability? Yes No If Yes, please provide a copy

Did the Owner of the Goods have their own insurance on the Goods? Yes No

If you were carrying as a subcontractor, please confirm the following:

a. Had you signed a written contract with the principal? Yes No If Yes, please provide a copy

b. Did the principal carrier issue a consignment note? Yes No If Yes, please provide a copy

c. Did the principal carrier charge you for insurance? Yes No If Yes, please attach details

Section 4. Loss/Damage Details

Please provide details of the incident surrounding the loss or damage:

Date the loss or damage occurred Approximate time the loss or damage occurred
(dd/mm/yyyy) *Between (am/pm)* *And (am/pm)*

Date the loss or damage was first discovered Date the loss or damage was first reported to you
(dd/mm/yyyy) *(dd/mm/yyyy)*

Name of person whom discovered the loss or damage

Location where the loss or damage occurred:

Street Address

Suburb Postcode

State or Territory QLD NSW ACT VIC TAS SA NT WA

Is there any CCTV/Dashcam footage of this incident? Yes No

Where are the Goods now?

Please provide full details of the nature of loss or damage including the cause

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

What actions were taken immediately after the loss?

Were there any third parties involved? Yes No

If 'Yes', please provide details:

Has a claim/demand been made against you? Yes No

If 'Yes', please provide details including copies of any related correspondence:

Have you admitted responsibility/liability for the loss or damage? Yes No No

Who do you consider at fault and why?

Section 5. Goods Involved

Please provide a detailed list of the goods involved (if insufficient space, please attach separate list).

Goods lost or damaged

Amount claimed (\$)

Section 6. Police & Witness details

Was the incident surrounding the loss or damage reported to the police?

Yes

No

If 'Yes', please confirm the date:

dd/mm/yyyy

Did the police attend the incident scene?

Yes

No

If 'Yes', please provide the following:

Police event / report No.

Officer's name / number

Police station

Police action taken or pending?

Yes

No

Unknown

If 'Yes', please provide details:

Were there any witnesses to the incident?

Yes

No

If 'Yes', please provide the following:

Witness name

Witness contact number

Witness address

Suburb

Postcode

State or Territory

QLD

NSW

ACT

VIC

TAS

SA

NT

WA

Section 7. Addendum / Additional Attachments

Please indicate if this form will include any of the following upon submission:

Consignment note including terms and conditions

Contract terms

Other party demands (if applicable)

Police report (if applicable)

Excess payment

Full details of other parties involved

Separate sheet detailing answers which you could not fit adequately on the form

Supporting documentation (e.g. repair quotes, inventory list, photos, witness statements)

Section 8. Declaration

I/We hereby declare that:

- I/We have been truthful and accurate in completing this form and declaration and have not withheld any information likely to affect the assessment of this claim by the Insurer;
- I/We have either completed this form personally or, if it has been on my/our behalf, have checked that the questions have been fully and accurately answered;
- Where there is more than one Insured(s)/Policyholder(s) included on this form, I/We acknowledge that I/We are authorised to sign for and on behalf of the other Insured(s)/Policyholder(s);
- I/We have read and understood the Privacy Notice on this form and consent to the collection, storage, use and disclosure of any personal and sensitive information;
- if I/We have not complied with the Duty of Disclosure and Duty of Utmost Good Faith, a claim made under the Policy may not be met or only met in part.

I/We agree? Yes

**Completed by
(print full name)**

Signature

Position / Title held

Date of declaration (dd/mm/yyyy)