GT INSURANCE

Cargo Insurance

Claim Form

The supply or acceptance of this form is not an admission of liability on the part of GT Insurance.

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

- Copy of consignment note/ bill of lading/ delivery note including terms and conditions on reverse
- Copy of letter of demand sent to the carrier/ shipper
- Repair quote if goods are repairable
- Copy of commercial invoice for goods while in transit
- Packing slip
- Pictures of the damage

Once completed this form and attachments can either be scanned and sent by email to marine@allianz.com.au or posted to the address shown below.

Insured's Details

Name of insured

Contact person

Telephone number

Email

Postal Address

Suburb

State or Territory

Postcode

Policy number

Should a survey be required, our appointed surveyor will contact the person shown above, unless you advise an alternative contact.

Level 3, 213 Miller Street, North Sydney, NSW 2060
Website: gtins.com.au
General Enquiries: (02) 9966 8820
Email: marine@allianz.com.au

GT Insurance (Global Transport & Automotive Insurance Solutions Pty Ltd) **ABN** 93 069 048 255 **AFSL No.** 240714 is an agent of the insurer Allianz Australia Insurance Limited **ABN** 15 000 122 850 **AFSL No.** 234708

INSURANCE

GST

Are you registered for GST purposes? Yes ☐ No ☐

ABN

Are you entitled to claim an input tax credit for repair or replacement of the items that have been lost or damaged? Yes ☐ No ☐

Will you be claiming less than 100%? Yes ☐ No ☐ If No, what percentage %

Settlement Details

Where applicable GT Insurance will settle directly in your bank account once the liability for this claim is agreed.

Please provide your banking details

Bank

BSB

Account Name

Account Number

If you require settlement by cheque please tick here ☐

Transit Details

Name of carrier

Mode of transport

Date of despatch *dd/mm/yyyy* Date of arrival *dd/mm/yyyy*

Voyage from Voyage to

Consignee name

Address

Suburb State or Territory Postcode

INSURANCE

Cargo Loss Details

Date of incident

dd/mm/yyyy

State in detail the nature of the loss/destruction/damage

Goods Lost/Damaged/Stolen or Destroyed (if insufficient space, please attach separate list)

List of Goods Lost/Damaged/Stolen or Destroyed	Amount Claimed $

How were the goods packed or protected?

Where can the goods be inspected?

Please confirm that you have written to the shipping company/carrier holding them responsible for the loss (Kindly attach copy of this correspondence)

Yes ☐ No ☐

GT INSURANCE

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim.

We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

You have the right to seek access to your personal information and to correct it at any time. For information about how you may access and request correction of personal information we hold about you, or complain about a breach of the Australian Privacy Principles, please see our privacy policy available at gtins.com.au or contact us on (02) 9966 8820 EST 8.45am-5pm, Monday to Friday.

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 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 then GT Insurance will be unable to process my/our claim.

Signature of Insured ______________________ Date __________ *dd/mm/yyyy*

Position ______________________