

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@gtins.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.

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

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 ☐

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