

Carriers 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 from the owner of the goods
- Quotation for cost of repairs
- Police report
- Pictures of the damage

Once completed this form and attachments can either be scanned and sent by email to marine@gtins.com.au

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

☐

Cargo Owner's Details

Name of cargo owner

Telephone number

Email

Postal Address

Suburb

State or Territory

Postcode

Transit Details

Consignment note

Mode of transport

Date of despatch		Date of arrival	
	dd/mm/yyyy		dd/mm/yyyy
Transit from		Transit 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

Was a clean receipt given when goods were delivered? Yes ☐ No ☐

Have you received any letter of demand from the owner of the goods? Yes ☐ No ☐

Please provide a copy of the above and any other related correspondence

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?

If caused by an accident to the carrying vehicle, please give details (including when and where the accident happened)

Where can the goods be inspected?

Was any other party responsible for the accident/loss damage?

Yes

☐

No

☐

If Yes, please
give details

If another party is involved have you held them responsible?

Yes

☐

No

☐

Please provide copy of the relevant correspondence

Was the incident reported at a police station?

Yes

☐

No

☐

Name of officer

Police station

Police report no.

Date reported

dd/mm/yyyy

Time

(am/pm)

Details of any Third Party personal injury

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