

MARINE INSURANCE

CARGO IMPORTS AND
EXPORTS AND LOCAL TRANSIT

Claim Report

Please retain this page for your information

ABOUT YOUR CLAIM

- You do not need to complete this form before we can start working on your claim - the sooner you let us know the details, the quicker we can start to process your claim
- The issue of this Claim Report is not an admission of liability on our part.
- We will contact you as quickly as possible about your claim but for many claims we will check the circumstances and damage before we authorise and pay for repairs.
- We may appoint a loss adjuster or investigator or contact you for more information.
- When we settle a claim, we may pursue recovery rights against the carrier or any other third party who caused loss or damage to the goods.
- Please ensure you answer the GST questions at Sections 2 & 6.
- Please refer to your policy booklet for more information about how your claim will be handled.

If you have any questions about your claim, please contact our claim consultants on 1300 661 584

WHAT YOU NEED TO DO

1. Inform us about the event as soon as possible – **before you complete this form.**
2. Take reasonable measures to avoid or minimise any loss, damage or expense. We will pay the costs of such measures provided they are both reasonable and necessary. Measures taken by you or us with the object of saving, protecting or recovering the goods shall not be considered as a waiver or acceptance of abandonment or otherwise prejudice the rights of either party.
3. If possible, retain any damaged items, as we may need to inspect them before settling your claim.
4. In the interests of prompt settlement of any claim and to avoid prejudicing your claim under the policy, please either include with this form or provide us as soon as possible with all available supporting documentation including:
 - Supporting documentation and correspondence regarding the event
 - Invoices, statements or other documents evidencing the amount being claimed
 - Contracts of carriage including consignment note(s) or airway bills or bills of lading
 - Copies of invoices, shipping specifications, weight notes or other documents indicating quantity and value
 - Any survey reports or other documentation showing the extent of the loss including delivery notes/weight notes at destination
 - Correspondence exchanged with any third party regarding their liability for the loss or damage

5. Properly preserve and exercise all rights against carriers or other third parties, specifically:
 - Do not release those parties from liability
 - Deliver to the parties responsible a notice of intention to claim within 3 days of delivery
 - Do not give clean receipts where the goods are in doubtful condition except under written protest
 - Where the delivery is made by container ensure that the seals are examined immediately by a responsible official
 - If a container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, note the delivery docket accordingly and retain the seals for subsequent identification
 - If the loss or damage is not immediately apparent at the time of delivery, apply immediately for surveys by the carriers or other bailees to be conducted within 3 days of delivery
 - Inform the police as soon as possible after a theft has occurred
 - In the event of a general average contribution arising under this policy consult us or our nominated settling agent before signing any general average bond

Please answer all questions. This will help us to process your application quickly.
 If you need more space to answer any of the questions, please use a separate sheet of paper.
 Any attachments will form part of this application and the declaration will include them.

Policy number (from your schedule)

Expiry date

CGU Insurance use only

Conditions

XS

Cause

1. Insured contact details

Surname or company name

Given name(s)

Postal Address

Postcode

Private telephone no.

Business telephone no.

Facsimile no.

Contact name (for company claims)

Email address

2. Are you registered for GST purposes?

No Yes What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST amount applicable to this policy?

No Yes Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium?

No Yes Specify the percentage amount claimed or intended to be claimed

%

3. Transit details

1. Goods being shipped:

2. When did the transit commence?

Date

3. What date were the goods delivered?

Date

4. The goods were in transit from

Date

to

Date

5. Name and address of the carrier/shipping line/freight forwarder who moved the goods

Postcode

4. Details of loss

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

Date / / Time a.m. p.m.

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

Date / / Time a.m. p.m.

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

4. Who discovered the loss?

5. Details of any witnesses

6. Have the police been informed?

No Yes



Date reported

/ /



Name of police station



Name of police officer



Police report/incident number

7. Were details of the loss noted on the delivery docket?

No Yes

8. Have you written to the carrier holding them responsible?

No Yes



Where applicable, please attach copies of correspondence exchanged with the carrier, or, if you have not already written to them please do so as soon as possible.

9. Please describe what happened (use additional pages if necessary and include diagrams if appropriate).

5. Details we require for survey purposes

1. Where are the goods now?

2. Who should we contact to arrange a survey?

Business phone no.

Facsimile phone no.

Email address

8. Documents attached to this claim report

- | | | |
|--|--|---|
| <input type="checkbox"/> Police report | <input type="checkbox"/> Claim on carrier | <input type="checkbox"/> Carriers reply |
| <input type="checkbox"/> Invoice or valuation | <input type="checkbox"/> Damage report | <input type="checkbox"/> Repair/replacement quote |
| <input type="checkbox"/> Subcontract agreement | <input type="checkbox"/> Consignment note (both sides) | <input type="checkbox"/> Bill of Lading |
| <input type="checkbox"/> Outturn report | <input type="checkbox"/> Weight note | <input type="checkbox"/> Delivery docket |
| <input type="checkbox"/> Survey report | <input type="checkbox"/> Correspondence | <input type="checkbox"/> Packing list/inventory |
| <input type="checkbox"/> Air Waybill | | |
| <input type="checkbox"/> Other documents - please give details | | |

9. Previous Claims

If there is insufficient space, please attach a separate sheet of paper so that it can form part of this application:

Claims details	Value	Date of loss	Insurer
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	
	\$	DD / MM / YY	

Questionnaire: All questions must be answered by each of the applicants and not by the intermediary. If insufficient space, please provide additional details on a separate page.

1. Has any insurer refused or cancelled cover or imposed special terms for insurance?

If **Yes**, please provide details:

No Yes Provide details.

2. Have you been charged with or convicted of a criminal offence in the last 10 years?

If **Yes**, please provide details:

No Yes Provide details.

3. Are there any other relevant facts relating to the risk to the claim which you should disclose to enable a true assessment before consideration?

If **Yes**, please state the facts:

No Yes Provide details.

Declaration

I/We declare that:

To the best of my/our knowledge and belief the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.

I/we agree that, by submitting this form, the personal information I/we provide to CGU Insurance Limited in this form or otherwise may be collected, held, used and disclosed in the manner set out in the CGU Privacy Policy found at www.cgu.com.au/privacy, including for processing this claim.

Signature of Insured

Date

Signature of Insured

Date

Please indicate the number of additional pages attached to this application

When complete, please forward the report to:

Email - claims@cgu.com.au

Post - CGU Insurance, GPO Box 2852 MELBOURNE VIC 3001

or send it to us via your Agent or Broker

or your CGU Insurance office

CONTACT DETAILS

Enquiries 13 24 81

Claims 13 24 80

Mailing address

GPO Box 9902 in your capital city

Sydney

388 George Street
Sydney NSW 2000

Perth

46 Colin Street
West Perth WA 6005

Melbourne

181 William Street
Melbourne VIC 3000

Adelaide

80 Flinders Street
Adelaide SA 5000

Brisbane

189 Grey Street
South Bank QLD 4101



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