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

- 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



MARINE CARGO AND LOCAL TRANSIT

CLAIM REPORT

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) | Conditions X | S | | |
|---|-------------------------|----|--|--|
| | | | | |
| Expiry date | Cause | | | |
| | | | | |
| | | | | |
| 1. Insured contact details | | | | |
| Surname or company name | Given name(s) | | | |
| | | | | |
| Postal Address | | | | |
| | Postco | de | | |
| Private telephone no. Business telephone | e no. Facsimile no. | | | |
| Contact name (for company claims) | | | | |
| Contact harrie (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 No Yes Is the amount claimed or intended | | % | | |
| be claimed less than 100% of the applicable to the premium? | | 70 | | |
| 3. Transit details | to be claimed | | | |
| 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 | / V / Y Y to Date D / V | | | |
| 5. Name and address of the carrier/shipping line/freight forwarder who moved the goods | | | | |
| | | | | |
| | Postco | de | | |

CGU Insurance use only

| 4 | . Details of loss |
|----|---|
| 1. | When did the loss, theft or damage happen? |
| | Date D D / M M / Y Y Time a.m. p.m. |
| 2. | What date was the loss, theft or damage discovered? |
| | Date D / M / Y Y 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 |
| | 1 Glice report including the machine in |
| _ | |
| 7. | Were details of the loss noted on the delivery docket? |
| • | No Yes |
| о. | Have you written to the carrier holding them responsible? 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). |
| | |
| | |
| | |
| _ | |
| | . 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 |
| | |

| 6. Details of the goods lost/damaged (if in | nsufficient space please attach additional sheet | s): |
|--|---|-----------|
| Item | Nature of damage | |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | | \$ |
| | Total amount being claimed | \$ |
| 1. Will you be claiming 100% input tax credit for the | e replacement or repairs? | |
| Yes No What percentage will yo | ou be claiming? | |
| 2. Can the goods be repaired? | | |
| No Please attach original receipts, independent party that the goo | , valuations, quotes for replacement and confirmation ods cannot be repaired | n from an |
| Yes Please attach quotes for repair | | |
| 3. Do you owe money on the goods? | | |
| No Yes Amount \$ | | |
| Lenders Details | | |
| | | |
| 7. Other insurance | | |
| If the goods may be covered under other policies hel | ld by you please provide details | |
| Insurer Details (Name/Address) | ia sy you picase provide asiane | |
| model Details (Name) (Idanses) | | Postcode |
| Policy Number | Type of insurance | |
| | Type of incolarios | |
| | | |
| Insurer Details (Name/Address) | | |
| | | |
| | | Postcode |
| Policy Number | Type of insurance | |
| | | |
| Insurer Details (Name/Address) | | |
| | | |
| | | Postcode |
| Policy Number | Type of insurance | |
| | | |
| | | |

| woice or valuation Damage report Consignment note (both sides) Bill of Lading Delivery docket University report Correspondence Packing list/inventory Frevious Claims Tevious Claims | olice report | Claim on carrie | ar | Carrio | ers renly | |
|--|--|--|--------------------------|-------------|------------------------|--------------|
| Utturn report Weight note Delivery docket Urvey report Correspondence Packing list/inventory Pac | | | | | | |
| Outturn report | Invoice or valuation | Damage report | Ĺ | Repai | ir/replacement quo | ote |
| Survey report Correspondence Packing list/inventory Air Waybill Other documents - please give details Previous Claims ere is insufficient space, please attach a separate sheet of paper so that it can form part of this application: Insurer S S S S S S S S S S S S S S S S S S | Subcontract agreement | Consignment r | note (both sides) | Bill of | Lading | |
| Air Waybill Other documents - please give details Previous Claims Lere is insufficient space, please attach a separate sheet of paper so that it can form part of this application: Insurer Solution Sol | Outturn report | Weight note | | Delive | ery docket | |
| Previous Claims lere is insufficient space, please attach a separate sheet of paper so that it can form part of this application: ms details Value Date of loss Insurer S S S S S S S S S S S S S S S S S S | Survey report | Correspondence | ce | Packi | ing list/inventory | |
| Previous Claims tere is insufficient space, please attach a separate sheet of paper so that it can form part of this application: ms details Value Date of loss Insurer S S D VALUE S S S S D VALUE S S S D VALUE S S S S D VALUE S S S S S D VALUE S S S S S S S S S S S S S | Air Waybill | | | | | |
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| rere is insufficient space, please attach a separate sheet of paper so that it can form part of this application: Insurer S | Previous Claims | | | | | |
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| s D / M M / Y Y Y S D / M M / Y Y Y | | | | an ionii p | | auon. |
| S S D D D D D D D D D D D D D D D D D D | ns details | | Date of loss | | Insurer | |
| s | | | | | | |
| s | | \$ | | | | |
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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

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