

# Marine Carriers Liability Claim Form



Business Insurance for  
a growing New Zealand

## Details of insured

Name of Insured: \_\_\_\_\_ Policy No: \_\_\_\_\_

Postal address: \_\_\_\_\_

Phone No: \_\_\_\_\_ Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

## Details of goods

Description of Goods being carried: \_\_\_\_\_

Name and address of consignor: \_\_\_\_\_

\_\_\_\_\_

Consignment note attached: Yes  No

Number of units/packages/articles/animals carried: \_\_\_\_\_

Terms of Carriage: Limited Carriers Risk  Owners Risk  Other \_\_\_\_\_

Name of carrier who loaded the goods into the vehicle: \_\_\_\_\_

\_\_\_\_\_

Clean receipt given at time of loading: Yes  No

Clean receipt given at time of delivery: Yes  No

Name of any Subcontractors involved in the carriage: \_\_\_\_\_

\_\_\_\_\_

Please list any special instructions in relation to the carriage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Details of claim

Please describe how the loss/damage occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date/Time of Loss: \_\_\_\_\_

Location where loss/damage first discovered: \_\_\_\_\_

Date you were notified about the loss/damage: \_\_\_\_\_

Pro forma claim / Initial Notice of Loss attached: Yes  No

Address of where the goods can be inspected: \_\_\_\_\_  
\_\_\_\_\_

Contact name / phone: \_\_\_\_\_

**Amount of claim**

Value of Goods lost or damaged \$ \_\_\_\_\_

Less salvage (if any) \$ \_\_\_\_\_

Less policy excess \$ \_\_\_\_\_

**Net amount of claim** \$ \_\_\_\_\_

**Documentation required**

For your claim to be considered, please include the following documentation where applicable:

- Consignment Note                       Signed delivery receipt                       Pro forma claim against you
- Valued claim against you                       Copy of invoice/proof of value                       Copy of Police Acknowledgement
- Copy of any salvage receipts                       Any other documentation to assist

**Pursuant to the privacy act1993**

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is NZI Marine, an IAG New Zealand Ltd brand.
- (d) The information is being collected and held by IAG New Zealand Limited, PO Box 493, Auckland.
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to and correction of this information, subject to the provisions of the Privacy Act1993.

**Declaration**

I/We declare the foregoing statements are true and correct and the goods/property described herein were damaged, lost or stolen under the circumstances I/we have described on this claim form.

Insured(s) signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Position: \_\_\_\_\_ Date: \_\_\_\_\_

