

MARINE CARGO CLAIM FORM

1 Important Notice

- Please read this Claim Form prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.
- Submission of any claim to LIU should not be withheld awaiting the carrier's response to a letter of demand.
- LIU reserve our right to obtain further documents in relation to this claim, if necessary.
- Please do not accept any offer of settlement or bank monies without first contacting LIU.
- You are reminded that under no circumstances should you admit any liability or make any offer of settlement.

2 Details of Insured

Name of Insured _____
 Address _____
 Policy No. _____ Email _____
 Telephone No. _____ Fax No. _____
 Input Tax Entitlements _____ ABN _____

3 Claim Details

Type of Packing FCL LCL Bulk Other
 Agent/Forwarder _____ Vessel/Carrier _____
 Consignment Note No. _____ Bill of Lading No. _____
 Airway Bill No. _____ Consignee _____
 Voyage From _____ Voyage To _____
 Date of Departure _____ Date of Arrival _____
 Description of Cargo _____

5 Documents

For faster processing of your claim please ensure that you have attached:-

1. a) Certificate of Insurance; or
b) Copy of monthly declaration.
2. a) Originals or non-negotiable copy of the front and reverse side of the Bill of Lading;
b) True copy of the Master Airway bill;
c) True copy of the House Airway bill; and/or
d) True copy of both sides of the consignment note.
3. a) Original invoice/s & Packing list/s; and/or
b) Original packing inventory for household goods and personal effects shipments.
c) Repair/Replacement Quote
4. a) True copy of Wharf Receipt
b) True copy of Delivery Docket: and/or
c) True copy of Weight Note at port of discharge/final destination.
5. Copy of letter of demand to:
a) Vessel Owners/Operators;
b) Air Carriers; or
c) Stevedores
6. Original survey report with colour photos, if any.

LIU reserve our right to obtain further documents in relation to this claim, if necessary.

6 Signature

I, (print name in full) _____

(position) _____

of the Insured and on behalf of the Insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date

Privacy Notice

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjustors and other service providers.

You can seek access to and, if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, please inform us before you provide the relevant information.