

Cargo Claim Form

Richard Oliver Underwriting Managers Pty Ltd (ABN 66 006 649 341) on behalf of each of: QBE Insurance (Australia) Limited (ABN 78 003 191 035) (QBE) as to 70% and Allianz Australia Insurance Limited (ABN 15 000 122 850) as to 30% (together, the Insurers).

Privacy

We need personal information about you to assess your claim. We will, where relevant, disclose your personal information to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters and investigators), other insurers, insurance reference bureaus and our business partners for this purpose. We may also disclose personal information about you where we are required or permitted to do so by law.

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by Richard Oliver Underwriting Managers or parties appointed by them. This may include contacting the owner of the goods or livestock to obtain documentation to verify the amount and extent of the claim.

If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not accept the claim.

Please provide the following information/documentation where possible with your claim form

- Commercial invoice
- Packing/weight/inventory list
- Bill of lading/airway bill/consignment note (showing terms and conditions)
- Customs entry form
- Freight invoice
- Wharf delivery docket
- Quotation for repair/replacement
- Any other evidence of loss or damage including photographs
- Copy of your written 'letter of demand' to the carrier/port authority/other or bailee and any response

Important note

It is the duty of the Assured and their Agents, in all cases, to take such measures as may be reasonable, for the purpose of averting or minimizing a loss and to ensure that all rights against carriers, bailees or other third parties are properly preserved and exercised.

1. To claim immediately on the carriers, port authorities or other bailees for any missing packages
2. In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition
3. When delivery is made by container, to ensure that the container and its seals are examined immediately by their responsible official. If the container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification.
4. To apply immediately for survey by carriers or other bailees' Representatives if any loss or damage to apparent and claim on the Carriers or other bailees for any actual loss or damage found at such survey
5. To give notice in writing to the Carriers or other bailees within three days of delivery if the loss or damage was not apparent at the time of taking delivery.

Insured details

Policy number

Insured Name

Address

State

Postcode

Contact Name

Contact number

Email

GST declaration

Are you registered for GST? Yes No If 'Yes', please provide ABN number

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

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If 'Yes', is the amount claimed less than 100%

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If 'Yes' please advise percentage of GST claimed is applicable to the premium %

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Claim information

Date of loss/damage Date of dispatch Date of arrival

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Port of shipment Port of discharge

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Consignor name and address

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Consignee name and address

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Please indicate terms of sale FOB CFR CIF Ex Works Other

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Has the event been reported to the police? Yes No

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Police report number

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Please provide details of how loss/damage occurred

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Where did the loss/damage occur?

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Please advise the address where the damaged goods can be inspected

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Please provide details of packing conditions

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Can damaged goods be repaired? Yes No If 'No', is there a salvage value? Yes No Approx value AU\$

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Other insurance cover

Was there any other insurance covering this event at the time of loss? Yes No

If 'Yes', please advise insurance company and policy number

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Other interested parties

Please provide details including names and address of other interested parties i.e. finance or lease company

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Carrier

Were the goods carried by a shipping company, freight forwarder or carrier?
If 'Yes', please provide details including names and address

Yes No

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Were details of the loss and or damage noted at the time of delivery?

Yes No

Were details of loss and/or damage noted on delivery docket?

Yes No

Has a claim been lodged on the shipping company, freight forwarder or carrier?

Yes No

If 'No', please lodge a claim

Has the shipping company, airline or carrier surveyed the damage?

Yes No

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Description of items claimed	Details of loss/damage	Can it be repaired?	Amount Claimed
		Yes / No	\$
		Yes / No	\$
		Yes / No	\$
		Yes / No	\$
		Yes / No	\$
		Yes / No	\$

EFT payment details

Account name

Account Number

Bank Name

BSB Number

Bank Address

State

Postcode

Overseas payment

Swift Code

ABA Code

Sort Code

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Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Signature

Date

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