



Goods in Transit

Claim form

Privacy

We collect, use, process and store personal information and, in some cases, Sensitive Information about you in order to comply with our legal obligations and in order to assess your claim ('purposes'). By providing us or your intermediary with your Information, you consent to our use of this Information which includes us disclosing your Information where relevant for the purposes, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, to our service providers (including loss adjusters and investigators), insurance reference bureaus, our business partners or as required by law within Australia or overseas. 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.

Zurich may obtain Information from government offices and third parties to assess a claim in the event of loss or damage.

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

- Quotation for repair/replacement
- Consignment/freight/delivery note (showing terms and conditions)
- Packing/ weight/ inventory/list
- Copy of your written 'Letter of Demand' to the carrier and their subsequent response
- Any other evidence of loss or damage including photographs.

1 Insured details

Policy number Claim number

Insured name

Postal address State Postcode

Contact name

Contact number/s

Email

2 GST declaration

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

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No

If 'Yes', is the amount claimed less than 100%? Yes No

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

3 Claim information

Date of loss/damage / / Date of dispatch / / Date of arrival / /

Place of dispatch Place of arrival

When was loss/damage first discovered? / /

Please provide details of the loss/damage incident

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Where did the loss occur?

Address where damaged goods can be inspected

Consignee name and address

Consignor name and address

3 Claim information (continued)

Has the event been reported to the police? Yes No If 'Yes', please advise name and location of police station

Police report number

Can damaged goods be repaired? Yes No If 'No', is there any salvage value? Yes No

If 'Yes', please advise approximate value AU\$

Other insurance cover

Was there any other insurance covering this event? Yes No If 'Yes', please advise insurance company name and policy number

Other interested parties

Please provide details including name and address of other interested parties (ie finance company, lessee)

Carrier

Were the goods carried by a shipping company, freight forwarder or carrier? Yes No

If 'Yes', please provide details including name and address

Were details of the loss/damage noted at the time of delivery? Yes No If 'No', please advise why not

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 claim

Description of items to be claimed (include make, model and age)	Details of loss/damage	Can the item be repaired?	Amount claimed AU\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
		Yes <input type="radio"/> No <input type="radio"/>	\$
Total amount claimed			AU\$

4 EFT payment details (please complete this section if you require payment directly into your account)

Account name Account number

Bank name BSB Number

Bank address State Postcode

Overseas payment

Swift Code ABA Code Sort Code

5 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.

Name (Please print)

Signature of insured Date / /