

Marine Cargo/Goods In Transit Claim form.

Guide for completion

Please complete all sections of this form and note the following:

- 1 The completion of this form does not constitute policy acceptance by the insurer.
- 2 Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
- 3 Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
- 4 If you do not believe a question is applicable, please write 'n/a'.
- 5 Original hard copy records are required by the insurer. Should you require them to be returned, please include a written request advising same. Photocopies are not acceptable for audit reasons.
- 6 All communications with the Insurer and Aon should be marked 'Private and Confidential'.
- 7 If anyone holds you responsible for their accident or injury, please insist that their claim must be in writing.
- 8 Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance you may have in place.
- 9 If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
- 10 Salvage remains the property of the insurer.
- 11 Any attachments will form part of this claim report and the declaration will include them.

Privacy and collection statement

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

A. Insured details

Name of insured

Address

Postcode

Name of contact

Occupation (inc. Part-Time)

Telephone number

Mobile number

Email

B. Policy details

Policy number

Policy expiry date

C. Goods and Services Tax

To ensure you do not incur any unnecessary GST liabilities on this claim please complete these details:

Are you registered for GST purposes?

yes no

What is your ABN?

If you have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy?

yes no

Are you entitled to an Input Tax Credit for the goods which is subject to this claim?

yes, please specify % no

Is the amount claimed less than 100% of the GST applicable to the premium?

yes, please specify % no

Please note that this information is used by the insurer for their own GST calculations and will not affect your claim.

D. The goods

Are you the owner of the lost/damaged goods?

yes no

If 'No', please provide details of the owner

Describe the goods

If the goods are damaged, where can they be inspected?

