ZURICH®

Freight Forwarders Liability

New Zealand - Claim form

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 Zurich 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

- Copy of your trading terms
- Copy of the ocean bill of trading (including reverse side)
- Copy of the house bill of lading (including reverse side)
- Copy of the cargo delivery receipt
- Attach all correspondence and additional information in relation to this matter
- Any other evidence of loss or damage including photographs

Fair Insurance Code

Insured details





Policy number Claim number	er			
Insured name				
Address	Postcode			
Contact name				
Contact number/s				
Email				
Claimant name	ame Contact number			
Claim information Date of loss/damage / / Date of dispatch /	/ Date of arrival / /			
Name of vessel/airline Voyage/flight	t number			
Port of shipment Port of disch	arge			
Consignor name	Contact number			
Address				
Consignee name	Contact number			
Address				
Please indicate vour role Non-vessel operating carrier Frei	ight forwarder Haulier Warehouse operation			
Please indicate 🗸 your role Non-vessel operating carrier 🔘 Frei	ight forwarder Orladiler Owalehouse operation			

Claim information (continued)						
Are subcontractors involved?		Yes 🔵	No 🔾	If 'Yes', please p	rovide name/address/	contact number
Has the event been reported to the police?		Yes O	No O	If 'Yes', please a	dvise name and locat	ion of police station
Police report number						
Please indicate 🗸 trading conditions	○ CMR	RH	ΗA	BIFA	◯ B/L	STC airway b
Please provide details of how loss/damage oc	curred					
Where did the loss/damage occur?						
Please provide address where the damaged g	oods can be insp	ected				
Please provide details of packaging condition						
Please provide details of the action that was	taken immediate	ly following	knowled	lge of the loss/dar	mage	
Please provide details of your role in incident						
Other insurance cover						
Please provide container numbers which are s	subject of this cla	nim				
Please advise if there was a legible signature			On colle	ection Yes	No On delive	ry Yes No
Were details of the loss and/or damage noted	d at the time of o	delivery?		Yes	No 🔾	
Were details of loss and/or damage noted on	delivery docket?	ı		Yes	No 🔾	
Please advise if you provided a copy of your tr	ading terms to yo	our custome	r	Yes	No If 'Yes', pl	ease attach evidenc
Was there any other insurance covering this e	event at time of I	oss?		Yes	No 🔾	
If 'Yes', please advise insurance company nan	ne and policy nui	mber				
Description of items to be claimed	Number of packages	Weight	Detai	tails of loss/damage	Amount claimed	
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$
						\$

EFT payment details (please complete this section if you require payment directly into your account)					
Account name	Ac	Account number			
Bank name	B Number				
Bank address	ık address		Postcode		
Overseas payment					
Swift Code	ABA Code	Sort Code			

Declaration				
I declare that to the best of my knowledge and belief the information in this information. I understand that Insurers do not admit liability by the issue of		e not with	held any rele	vant
Signature of insured	Date	/	/	

Email completed form to marine.claims@zurich.com.au