C 100 0112 0013

ZURICH[®]

Goods in Transit (Carriers)

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

- Documentation supplied to you in support of the claim
- Demands received from the owner of goods
- · Original packing/ weight/ inventory list
- Consignment Note (including reverse side) and or Contracts of Carriage
- Qotes/invoices/accounts for recoverable costs i.e. removal of debris
- Any other evidence of loss or damage including photographs

Fair Insurance Code

Insured details



Zurich New Zealand is a member of the Insurance Council of New Zealand (ICNZ), and industry organisation which represents fire and general insurers in New Zealand. As an ICNZ member, we are committed to following the ICNZ Fair Insurance Code. Additional information is Available on the Insurance Council of New Zealand website www.icnz.org.nz

| Policy number | Claim number | | |
|--|---|--|--|
| Insured name | | | |
| Postal address | Postcode | | |
| Contact name | | | |
| Contact number/s | | | |
| Email | | | |
| | | | |
| Claim information | | | |
| Date of loss/damage / / Date of di | lispatch / / Date of arrival / / | | |
| Place of dispatch | Place of arrival | | |
| When was loss/damage first discovered / / | Was there any delay? Yes No If 'Yes', please provide deta | | |
| | | | |
| | | | |
| | | | |
| Please provide details of the loss/damage incident | | | |
| , | | | |
| | | | |
| | | | |

| Claim information (continued) | | |
|---|---------------------------------|--|
| Where did the loss occur? | | |
| Please provide details of the goods involved | | |
| Address where damaged goods can be inspected | | |
| | <u></u> | |
| Consigner name and address | | |
| Consignor name and address | | |
| Has the event been reported to the police? | Yes () No () | If 'Yes', please advise name and location of police station |
| Police report number | | |
| Were any third parties involved? | Yes No | If 'Yes', please advise names, addresses and contact details |
| Please indicate 🕜 if goods were carried | | |
| By you as the principal carrier | | |
| By you as a subcontractor for another carrier | r (please advise name of princ | ipal carrier) |
| By a subcontractor engaged by you (please a | advise name and address of su | ubcontractor) |
| Was a consignment note issued for the transit? | Yes |) No 🔾 |
| Was the consignment moved under a specific co | ontract of carriage? Yes |) No (|
| Has a claim been made against you by the owne | er of the goods? Yes | No If 'Yes', please attach a copy of the claim/demand |
| Amount of claim NZ\$ | | |
| Please indicate 🕜 if your require Associated N | larine Insurers to | |
| Pay the claim as a goodwill payment | | |
| Pay the claim because you believe you have | a contractual obligation to do | 0 50 |
| Pay the claim because you have already agre | eed to settle it | |
| Not pay the claim and defend the claim on y | your behalf – Do you expect s | uch a claim to be made against you? Yes No |
| Have you incurred recoverable costs? Yes | s No | |
| Have invoices/accounts been paid by you? Yes | s No Please attach | copies of all invoices/accounts to support your claim |
| EFT payment details (please complete thi | is section if you require payme | ent directly into your account) |
| Account name | Acc | ount number |
| Bank name | BSB | Number |
| Bank address | | Postcode |
| Overseas payment | | |
| Swift Code | ABA Code | Sort Code |
| L | | |
| Declaration I declare that to the best of my knowledge and I information. I understand that Insurers do not ac | | form is true and correct and I have not withheld any relevant is form. |

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