



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

1 Insured details

Policy number Claim number

Insured name

Address Postcode

Contact name

Contact number/s

Email

Claimant name Contact number

2 Claim information

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

Name of vessel/airline Voyage/flight number

Port of shipment Port of discharge

Consignor name Contact number

Address

Consignee name Contact number

Address

Please indicate your role Non-vessel operating carrier Freight forwarder Haulier Warehouse operation

Other – please provide details

2 Claim information (continued)

Are subcontractors involved? Yes No If 'Yes', please provide name/address/contact number

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

Police report number

Please indicate trading conditions CMR RHA BIFA B/L STC airway bill

Please provide details of how loss/damage occurred

Where did the loss/damage occur?

Please provide address where the damaged goods can be inspected

Please provide details of packaging condition

Please provide details of the action that was taken immediately following knowledge of the loss/damage

Please provide details of your role in incident

Other insurance cover

Please provide container numbers which are subject of this claim

Please advise if there was a legible signature On collection Yes No On delivery Yes No

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

Please advise if you provided a copy of your trading terms to your customer Yes No If 'Yes', please attach evidence

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

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

| Description of items to be claimed | Number of packages | Weight | Details of loss/damage | Amount claimed NZ\$ |
|------------------------------------|--------------------|--------|------------------------|---------------------|
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| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| | | | | \$ |
| Total amount claimed | | | | NZ\$ |

3 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 | Postcode |

Overseas payment

| | | |
|------------|----------|-----------|
| Swift Code | ABA Code | Sort Code |
|------------|----------|-----------|

4 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 of insured

Date / /