

Marine Carriers Claim Form

To ensure that we are able to provide the highest level of claims service to you, **please complete all of the details** required in this Claim Form and return it to our office as quickly as possible.

Policy Holder details

Insured Name: _____ Policy No: _____

Postal Address: _____
_____ State: _____ Post Code: _____

Phone: _____ Mobile: _____ Fax: _____

Email: _____

Are you registered for GST? Yes No What is your ABN No. _____

Have you claimed 100% input tax credit for your insurance premium? Yes No

If not, what percentage did you claim? _____ %

Transit Details

With whom did you contract for the transit of the goods? Owner of the goods Another carrier

Name of the cargo owner

If carrying as a subcontractor did you sign a written contract with the principal carrier?

Yes No If yes, please provide a copy

Did the principal carrier issue a Consignment Note?

Yes No If yes, please provide a copy

Did the principal carrier charge you insurance?

Yes No

The Loss

What is the amount being claimed?

Please provide a description of the goods lost or damaged

ATL Insurance Group Pty Ltd ABN 33 133 273 631 AFS Licence No. 333234

17-19 Mount Gravatt Capalaba Road Upper Mt Gravatt QLD 4122, PO Box 6824 Upper Mt Gravatt QLD 4122

Local Call 1300 667 178 **Fax** 07 3420 8899 **Website** www.atlinsurance.com.au

Email claims@atlinsurance.com.au

Full description of the Accident (To be completed by the DRIVER)

Who do you believe caused the Accident/Damage and why?

When was the loss discovered? Date __/__/20__ Time: __:__ am/pm

Was there any pre-existing damage to the freight? Yes No

Is there any other party who could be held responsible for the Accident/Damage? Yes No

If yes, please provide the other party's contact details and information on their involvement:

Name
Address
Phone Number
Vehicle details
Additional information

The goods were in transit from where: _____ to what Destination: _____

Departure date __/__/20__ Delivery date __/__/20__

What actions were taken immediately following the loss?

Where is the cargo/freight now? Please provide the address, and a contact phone number

Is there any debris remaining at the accident site? Yes No

If yes, please provide details:

Details of the police if they attended or had been notified

Officer's name
Report number
Date
Is Police action pending against any party?
Details of any witness/s

Supporting Documents

Please indicate the supporting documents that have been attached to this claim form

- Police report
- Consignment note including terms and conditions on reverse side
- Inventory of cargo being transported at the time of loss
- Delivery receipts or documents for any goods delivered on the journey
- Letter of demand from the owner of the damaged goods
- Correspondence with the owner of the damaged goods
- Invoices
- Other Documents (please describe) _____

Privacy

We are committed to protecting your privacy. We use the personal information you provide to us in connection with your claim only for the purpose of assessing and managing the claim. We may need to provide that information to our underwriters and reinsurers (and their representatives and those we appoint to assist us with the claim. We will not trade, rent or sell your information.

If you don't provide us with the complete information, we cannot properly assess your claim. You can check the personal information we hold about you at any time.

If you provide us with personal information about anyone else, we rely on you to have told them that you will provide their information to us, to whom we may provide it, the purposes for which we will use it and that they can access it. If the information is sensitive, we rely on you to have obtained their consent on these matters.

For more information about our Privacy Policy, ask us for a copy.

Declaration

I declare that the answers to the questions in this Claim form are to the best of my knowledge, true and correct and I have not withheld any information that is likely to affect consideration of this claim.

Where such answers are not in my own hand writing, I have checked these answers and certify that they are correct.

Driver's signature: _____ Date: _____

Insured's signature: _____ Date: _____