

**marine**  
insurance  
combined cartage  
for transport  
operators



# combined cartage

claim report

Insurer:  
CGU Insurance Limited  
ABN 27 004 478 371  
An IAG Company

## Please retain this page for your information

### About your claim

- ◆ **You do not need to complete this form before we can start working on your claim** – the sooner you let us know the details, the quicker we can start to process your claim
  - ◆ The issue of this Claim Report Form is not an admission of liability on our part.
  - ◆ We will contact you as quickly as possible about your claim but for many claims we will check the circumstances and damage before we authorise and pay for repairs.
  - ◆ **We may appoint a loss adjuster or investigator or contact you for more information.**
  - ◆ When we settle a claim, we may pursue recovery rights against any other third party who caused loss or damage to the goods.
  - ◆ Please ensure you answer the GST questions in Section 2.
  - ◆ Please refer to your policy booklet for more information about how your claim will be handled.
- If you have any questions about your claim, please contact our claim consultants on **1300 661 584**.

### What you need to do

1. Inform us about the event as soon as possible – **before you complete this form**.
2. Where you do not have a contractual responsibility, reject any claim made against you and deny liability in writing in accordance with the consignment note or Terms and Conditions of Cartage.
3. Take all reasonable measures to avoid or minimize any loss, damage or expense. We will pay the costs associated with such measures in addition to the sum insured provided they are both reasonable and necessary).
4. Do not repair, replace or dispose of the goods without our approval.
5. Inform the police as soon as possible after a theft has occurred.
6. Submit as soon as possible all documentation and correspondence regarding the event including invoices, statements or other documents evidencing the amount being claimed.
7. In the event of a general average contribution arising under this policy consult us or our nominated settling agent before signing any general average bond.

#### When other parties may be liable:

- Do not release those parties from liability.
- Deliver to the parties responsible a notice of intention to claim.
- Inform us of the circumstances and provide us with all documentation.

When complete, please forward the report to:

- CGU Insurance, GPO Box 9902 in the capital city of your state or
  - our agent or your broker or
  - your local CGU Insurance office.

# Combined Cartage Claim Report

Please answer all questions. This will help us to process your application quickly.  
 If you need more space to answer any of the questions, please use a separate sheet of paper.  
 Any attachments will form part of this application and the declaration will include them.

Policy number (from your schedule)

:	:	:	:	:	:	:	:	:	:
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Expiry date

/	/
---	---

**CGU Insurance use only**

Conditions

XS

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Cause

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**1. Insured contact details**

Surname or company name

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Given name(s)

--

Address

	Postcode
--	----------

Private telephone no.

( )
-----

Business telephone no.

( )
-----

Facsimile

( )
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Contact name (for company claims)

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**2. Are you registered for GST purposes?**

No  Yes  What is your ABN? 

:	:	:	:	:	:	:	:	:	:
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Have you claimed or do you intend to claim an input tax credit on the GST amount applicable to this policy?

No  Yes  Is the amount claimed or intended to be claimed less than 100% of the GST applicable to the premium? No  Yes  Specify the percentage amount claimed/to be claimed 

--

 %

**3. Contract details (if more than one contract please attach additional sheets as necessary)**

1. With whom did you contract for the cartage of the goods?

The owner  Another carrier

2. Did you offer to arrange insurance for them?

No  Yes  Please attach details.

3. Did you accept full responsibility for the goods under the contract

No  Yes  Please attach a copy of the contract.

4. Name and address of the person with whom you contracted to carry the goods.

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	Postcode
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5. Did you use written terms/conditions to limit your liability?

No  Yes  Please provide copy.

### 3. Contract details (cont'd)

6. If you were carrying as a subcontractor:

a) Had you signed a written contract with the principal?

No  Yes  **Please provide copy.**

b) Did the principal carrier issue a consignment note?

No  Yes  **Please provide copy.**

c) Did the principal carrier charge you for insurance?

No  Yes  **Please attach details.**

7. Were the goods in your own vehicle/premises at the time of the loss?

Yes  No  If they were not in your own vehicle/premises, in whose control were they?

8. a) Name and address of the consignor/owner

 Postcode

9. Did the owner of the goods have their own insurance on the goods?

No  Yes

### 4. Transit details

1. Goods being shipped

2. When did the transit commence?

 / /

3. What date were the goods delivered?

 / /

4. The goods were in transit from

To

5. Did the driver personally tally the consignment onto the vehicle?

Yes  No  By whom was the load tallied?

6. How were the goods secured and protected on the vehicle - give full details

  
  

### 5. Details of the loss

1. Has a claim been made against you?

No  Yes  By whom?

2. Do you support settlement of this claim regardless of strict liability?

No  Yes  Give reasons

## 5. Details of the loss (cont'd)

3. When did the loss, theft or damage happen?

 /  / 

Approximate time if known

 a.m.  p.m. 

4. What date was the loss, theft or damage discovered?

 /  / 

Approximate time if known

 a.m.  p.m. 

5. Where did the loss happen?

6. Who discovered the loss?

7. Details of any witnesses

  


8. Have the police been informed?

No  Yes

Date reported

 /  / 

Name of police station

Name of police officer

Police report/incident number

9. Were details of the loss noted on the delivery docket?

No  Yes

10. Has the owner of the goods claimed against you for the loss?

No  Yes

**Please attach copies of correspondence exchanged with the owner of the goods.**

11. Please describe what happened (use additional pages if necessary and include diagrams if appropriate).

  
  
  
  
  
  
  
  
  
  
  


12. What actions were taken immediately after the loss?



**Questionnaire:** All questions must be answered by each of the applicants and not by the intermediary.  
If insufficient space, please provide additional details on a separate page.

Please tick (✓) Yes or No and give details as requested		Yes	No
1. Has any insurer refused or cancelled cover or imposed special terms for insurance? If Yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/> <input type="text"/>			
2. Have you been charged with or convicted of a criminal offence in the last 10 years? If Yes, please provide details:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/> <input type="text"/>			
3. Are there any other relevant facts relating to the risk to the claim which you should disclose to enable a true assessment before consideration? If Yes, please state the facts:	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="text"/> <input type="text"/>			

**4. I/We declare that:**

- a) To the best of my/our knowledge and belief the information provided herein is true and correct in every respect and I/we have not withheld any relevant information.
- b) I/We consent to CGU Insurance using my personal information I have provided on this form for the purpose of processing my claim. In understand that if I/we choose not to provide the required details, this is my choice, however, CGU Insurance may not be able to process my claim.
- c) \*I/We consent to CGU Insurance disclosing my personal information to other insurers, an insurance reference service or as required by law. I/we consent to CGU Insurance also disclosing my personal information to and/or collecting additional information about me from investigators or legal advisors

\* this consent only applies when a claim is submitted in relation to a policy issued to the individual, not a company or business.

**Signature of the Insured or person with authority to sign on behalf of the company**

**Date**

**5. Please indicate the number of additional pages attached to this application**



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