

Carriers Insurance Claim Form



HDI
GERLING

The supply or acceptance of this form is not an admission of liability on the part of HDI-Gerling Industrial Insurance Company, Australia Branch. To assist us to quickly process your claim please include (where applicable) the following documents:

- Copy of consignment note/shipping documentation/delivery note including terms and conditions on reverse
- Copy of letter of demand from the owner of the goods
- Quotation for cost of repairs
- Police report
- Pictures of the damage

Once completed this form and attachments can either be scanned and sent by email to mark.barn@hdi-gerling.com.au or posted to the address shown below.

Insured's Details

Name of insured	<input type="text"/>		
Contact person	<input type="text"/>		
Telephone no.	Home <input type="text" value="()"/>	Work <input type="text" value="()"/>	Mobile no. <input type="text"/>
Facsimile	<input type="text" value="()"/>	Email	<input type="text"/>
Postal address	<input type="text"/>		
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>
Policy no.	<input type="text"/>		

Should a survey be required, our appointed surveyor will contact the person shown above, unless you advise an alternative contact.

GST

Are you registered for GST purposes? Yes No

ABN

Are you entitled to claim an input tax credit for repair or replacement of the items that have been lost or damaged? Yes No

Will you be claiming less than 100%? Yes No

If No, what percentage %

Settlement Details

Where applicable HDI-Gerling Industrial Insurance Company will settle directly in your bank account once the liability for this claim is agreed.

Please provide your banking details

Bank	<input type="text"/>
BSB	<input type="text"/>
Account name	<input type="text"/>
Account no.	<input type="text"/>

If you require settlement by cheque please tick here

Cargo Owner's Details

Name of cargo owner	<input type="text"/>		
Telephone no.	<input "="" type="text" value="("/>	<input type="text" value=")"/>	
Email	<input type="text"/>		
Postal address	<input type="text"/>		
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

Transit Details

Consignment note	<input type="text"/>		
Mode of transport	<input type="text"/>		
Date of despatch	<input type="text" value="/"/>	<input type="text" value="/"/>	Date of arrival <input type="text" value="/"/>
Transit from	<input type="text"/>	Transit to	<input type="text"/>
Consignee name	<input type="text"/>		
Address	<input type="text"/>		
	<input type="text"/>	State <input type="text"/>	Postcode <input type="text"/>

Please provide a copy of consignment note

Cargo Loss Details

Date of incident	<input type="text" value="/"/>	<input type="text" value="/"/>
State in detail the nature of the loss/destruction/damage	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	
	<input type="text"/>	

Was a clean receipt given when goods were delivered? Yes No

Have you received any letter of demand from the owner of the goods? Yes No

Please provide a copy of the above and any other related correspondence

Goods Lost/Damaged/Stolen or Destroyed (if insufficient space, please attach separate list)

List of Goods Lost /Damaged/Stolen or Destroyed	Amount Claimed
	\$
	\$
	\$
	\$
	\$
	\$

How were the goods packed or protected?

If caused by an accident to the carrying vehicle, please give details (including when and where the accident happened)

Where can the goods be inspected?

Was any other party responsible for the accident/loss damage?

 Yes No

If Yes, please give details

If another party is involved have you held them responsible?

 Yes No

Please provide copy of the relevant correspondence

Was the incident reported at a police station?

 Yes No

Name of officer

Police station

Police report no.

Date reported

/ /

Time

AM / PM

Details of any Third Party personal injury

Privacy Notice

The personal and sensitive information collected in this form and other information you or third parties provide in connection with this claim will be used to process this claim, compile and analyse data, and resolve claim disputes. If you do not provide this information to us we may not be able to process this claim. We may have to disclose your personal and other information to third parties who assist us in assessing and processing this claim, including other insurers, health service providers, investigators, our specialist advisors, our service providers or as required by law.

Declaration and Authorisation

The information and answers given above are true, correct and complete in every detail.

I/we understand the claim may be refused if information is not true or is withheld.

I/we authorise HDI-Gerling Industrial Insurance Company, Australia Branch to give to and obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the Insured's credit or insurance history as well as insurance claims information obtained during the course of this contract.

Signature of Insured

Date

/ /

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10 Bridge Street,
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Facsimile: 61-2-8274 4299
www.hdi-gerling.com.au

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