

CARRIERS LOAD INSURANCE

CLAIM FORM

SUBMITTING YOUR CLAIM

The insurer, QBE Insurance (Australia) Limited, manages claims under policies issued by SURA Marine.

Once you have completed this claim form please forward it to your insurance broker.

INFORMATION WE MAY NEED

The answers given to questions in this claim form may require further information to be requested and/or further investigations to be made by us or parties we appoint. 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:

- Quotation for repair / replacement
- Quotes / invoices /accounts for recoverable costs i.e. removal of debris
- Consignment / freight / delivery note (showing terms and conditions)
- Packing / weight / inventory list
- Demands received from the owner of the lost or damaged goods or your principal if you were a subcontractor
- Any other evidence of loss or damage including photographs

PRIVACY STATEMENT

SURA Marine and QBE each have a privacy policy which sets out personal information they collect and how they collect, disclose, store and use it.

SURA Marine

SURA Marine is committed to protecting your privacy in accordance with the Privacy Act 1988 (Cth) and the Australian Privacy Principles (APPs), which will ensure the privacy and security of your personal information.

The information provided in this document and any other documents provided to us will be dealt with in accordance with our Privacy Policy. By executing this document you consent to collection, use and disclosure of your personal information in accordance with our Privacy Policy. If you do not provide the personal information requested or consent to its use and disclosure in accordance with our Privacy Policy, your application for insurance may not be accepted, we may not be able to administer your services/products, or you may be in breach of your duty of disclosure.

Our Privacy Policy explains how we collect, use, disclose and handle your personal information including transfer overseas and provision to necessary third parties as well as your rights to access and correct your personal information and make a complaint for any breach of the APPs.

A copy of our Privacy Policy is located on our website at www.sura.com.au

Please access and read this policy. If you have any queries about how we handle your personal information or would prefer to have a copy of our Privacy Policy mailed to you, please ask us.

If you wish to access your file please ask us.

QBE Australia

We will collect personal information when you deal with us, our agents, other companies in the QBE group or suppliers acting on our behalf. We use your personal information so that we can do business with you, which includes issuing and administering our products and services and processing claims. Sometimes we might send your personal information overseas. The locations we send it to can vary but include the Philippines, India, Ireland, the UK, the US, China and countries within the European Union.

Our Privacy Policy describes in detail where and from whom we collect personal information, as well as where we store it and the full list of ways we could use it. To get a free copy of it please visit www.qbe.com.au/privacy or contact our customer care unit.

It's up to you to decide whether to give us your personal information, but without it we might not be able to do business with you, including not paying your claim.

POLICY NUMBER

THE INSURED

Insured's name	Surname/Business name	
	Given name(s)	
Address		
Contact number(s)	BH ()	Private ()
	Facsimile ()	Mobile ()
Number of employees:		

GOODS & SERVICES TAX

Are you registered for GST?	Yes	No
What is your ABN?		
Have you claimed or intend to claim an input tax credit on the GST component of the premium applicable to the policy?	Yes	No
If 'yes' will you be claiming an amount less than 100%?	Yes	No
If less than 100% specify amount claimed		%
Are you entitled to claim an input tax credit for repairs or replacement of the item that has been lost or damaged?	Yes	No
If 'yes' will you be claiming an amount less than 100%?	Yes	No
If less than 100% specify amount claimed		%

CONTRACT DETAILS

With whom did you contract for the transit of the goods?	The owner	Another carrier
Name and address of whom you contracted to carry the goods for		
If you were carrying as a subcontractor:		
Had you signed 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 for insurance?	Yes	No
If yes, please attach details		

DETAILS OF THE LOSS

When did the transit commence? Date / /

What date were the goods delivered? (if applicable) Date / /

When was the loss discovered? Date / /

Description of the goods being transported

The goods were in transit: From

To

Please give details of what happened

Briefly describe the accident or event giving rise to this claim

What actions were taken immediately after the loss?

Has a claim been made against you? Yes No

If yes, by whom?

Details of police, if they attended or were notified:

Officer's name Report no.

Station Date reported to police / /

The following documents are required in support of your claim (please attach a copy)

Consignment note

Letter of claim from the owner of the goods or from the principal carrier

Your reply to the letter of demand (if any)

Letter to third party denying liability (in accordance with the terms and conditions of the consignment note, if issued)

Invoices, statements and any other documents evidencing the amount of loss

Your contract with the subcontractor or principal carrier

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 QBE Insurance (Australia) Limited 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.

I/We understand that insurers do not admit liability by the issue of this form.

SIGNATURE OF INSURED: _____

DATE: _____

/ /

PAYMENT DETAILS

Would you like the funds deposited to your Australian bank account by electronic transfer? Yes No

Bank name BSB

Account name Account number
