



MARINE CARRIERS LIABILITY CLAIM FORM
(Carriers Cargo Combined)

POLICY DETAILS

JUA POLICY NUMBER	
POLICY EXPIRY DATE	
DATE OF LOSS / ACCIDENT	

INSURED CONTACT DETAILS

COMPANY NAME / INSURED NAME	
STREET ADDRESS	
CONTACT NAME	
PHONE NUMBER	
EMAIL ADDRESS	

GST ENTITLEMENT

ARE YOU REGISTERED FOR GST?	YES / NO
WILL YOU CLAIM 100% INPUT TAX CREDIT ON THE GST IN YOUR INSURANCE PREMIUM IF NO, WHAT PERCENTAGE WILL YOU BE CLAIMING?	YES / NO %
AUSTRALIAN BUSINESS NUMBER (ABN)	

CLAIMANT DETAILS

NAME OF THE PERSON / COMPANY YOU CARRIED GOODS FOR	
ADDRESS OF CLAIMANT	
CONTACT PHONE NUMBER OF CLAIMANT	

TRANSIT DETAILS

DESCRIPTION OF GOODS BEING SHIPPED	
DATE TRANSIT COMMENCED	
DATE GOODS DELIVERED	
TRANSIT FROM (ADDRESS)	
TRANSIT TO (ADDRESS)	
HOW WERE THE GOODS SECURED AND PROTECTED ON THE CARRYING VEHICLE?	

DETAILS OF LOSS

HAS A CLAIM BEEN LODGED AGAINST YOU? (IF YES, BY WHOM)	YES / NO
DO YOU SUPPORT SETTLEMENT OF THIS CLAIM REGARDLESS OF STRICT LIABILITY FOR THE LOSS OR DAMAGE?	YES / NO REASON:
WHO DISCOVERED THE LOSS / DAMAGE?	
PLEASE PROVIDE A DESCRIPTION OF WHAT HAPPENED?	



WHAT ACTIONS WERE TAKEN IMMEDIATELY AFTER THE LOSS?	

DETAILS OF GOODS LOST / DAMAGED

ITEM	NATURE OF DAMAGE	AMOUNT CLAIMED (\$)

DOCUMENTS ATTACHED TO CLAIM REPORT (PLEASE TICK)

POLICE REPORT	<input type="checkbox"/>	CLAIM RECEIVED AGAINST YOU (LETTER OF DEMAND)	<input type="checkbox"/>	YOUR REPLY TO CLAIMANT	<input type="checkbox"/>
INVOICE OR VALUATION	<input type="checkbox"/>	DAMAGE REPORT	<input type="checkbox"/>	REPAIR / REPLACEMENT QUOTE	<input type="checkbox"/>
SUB-CONTRACTOR AGREEMENT	<input type="checkbox"/>	CONSIGNMENT NOTE (BOTH SIDES)	<input type="checkbox"/>	CONTRACT TERMS	<input type="checkbox"/>
DELIVERY DOCKET	<input type="checkbox"/>	SURVEY REPORT	<input type="checkbox"/>	PACKING LIST / INVENTORY	<input type="checkbox"/>
OTHER	<input type="checkbox"/>	(PLEASE PROVIDE DETAILS)			

QUESTIONNAIRE / DECLARATION

HAS ANY INSURER REFUSED OR CANCELLED COVER OR IMPOSED SPECIAL TERMS FOR INSURANCE?	YES / NO
HAVE YOU BEEN CHARGED OR CONVICTED OF A CRIMINAL OFFENCE IN THE LAST 10 YEARS?	YES / NO
ARE THERE ANY OTHER RELEVANT FACTS RELATING TO THE RISK OR THE CLAIM WHICH YOU SHOULD DISCLOSE TO ENABLE A TRUE ASSESSMENT?	YES / NO
IF YES TO ANY OF THE ABOVE PLEASE PROVIDE DETAILS:	

I/WE DECLARE ALL THE ABOVE DETAILS ARE TRUE IN EVERY RESPECT TO THE BEST OF MY / OUR KNOWLEDGE AND BELIEF.

SIGNATURE OF INSURED	
NAME OF INSURED	
DATE	

PLEASE INDICATE THE NUMBER OF ADDITIONAL PAGES ATTACHED TO THIS CLAIM FORM: _____