

**ZURICH**

Goods in Transit (Carriers)

Claim form

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone on 132 687 or email us at Privacy.Officer@zurich.com.au

Please provide the following information/documentation where possible with your claim form

- Documentation supplied to you in support of the claim
- Demands received from the owner of goods
- Original packing/ weight/ inventory list
- Consignment Note (including reverse side) and or Contracts of Carriage
- Quotes/invoices/accounts for recoverable costs i.e. removal of debris
- Any other evidence of loss or damage – including photographs.

1 Insured details

Policy number	Claim number		
Insured name			
Postal address	State	Postcode	
Contact name			
Contact number/s			
Email			

2 GST declaration

Are you registered for GST? Yes ☐ No ☐ If 'Yes', please provide ABN number

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes ☐ No ☐

If 'Yes', is the amount claimed less than 100%? Yes ☐ No ☐

If 'Yes', please advise percentage of GST claimed is applicable to the premium %

3 Claim information

Date of loss/damage / / Date of dispatch / / Date of arrival / /

Place of dispatch

Place of arrival

When was loss/damage first discovered? / /

Was there any delay? Yes ☐ No ☐ If 'Yes', please provide details

Please provide details of the loss/damage incident

Where did the loss occur?

Please provide details of the goods involved

Address where damaged goods can be inspected

Consignee name and address

Consignor name and address

Has the event been reported to the police?

Yes ☐ No ☐

If 'Yes', please advise name and location of police station

Police report number

Were any third parties involved?

Yes ☐ No ☐

If 'Yes', please advise names, addresses and contact details

Please indicate ☒ if goods were carried

☐ By you as the principal carrier

☐ By you as a subcontractor for another carrier (please advise name of principal carrier)

☐ By a subcontractor engaged by you (please advise name and address of subcontractor)

Was a consignment note issued for the transit?

Yes ☐ No ☐

Was the consignment moved under a specific contract of carriage?

Yes ☐ No ☐

Has a claim been made against you by the owner of the goods?

Yes ☐ No ☐

If 'Yes', please attach a copy of the claim/demands

Amount of claim AU\$

Please indicate ☒ if you require us to

☐ Pay the claim as a goodwill payment

☐ Pay the claim because you believe you have a contractual obligation to do so

☐ Pay the claim because you have already agreed to settle it

☐ Not pay the claim and defend the claim on your behalf – Do you expect such a claim to be made against you?

Yes ☐ No ☐

Have you incurred recoverable costs?

Yes ☐ No ☐

Have invoices/accounts been paid by you?

Yes ☐ No ☐

Please attach copies of all invoices/accounts to support your claim

4 EFT payment details (please complete this section if you require payment directly into your account)

Account name	Account number	
Bank name	BSB Number	
Bank address	State	Postcode

Overseas payment

Swift Code	ABA Code	Sort Code
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5 Declaration

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Name (Please print)

Signature of insured	Date	/	/
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