



# Claim Form – Carriers Liability to Cargo Insurance

The issue of this form is not an admission of liability by the insurer.

<b>Policy No.</b>	<b>Claim No.</b>
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This claim form is to be used for all claims made against you by cargo owners for lost or damaged cargo. On completion please forward this claim form to your broker or our office in your State.

The Insured										
Insured's name	Surname				Given Name(s)					
Are you registered for GST?	No <input type="checkbox"/>	Yes <input type="checkbox"/>	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?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?									
	No <input type="checkbox"/> Yes <input type="checkbox"/> – 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?	No <input type="checkbox"/> Yes <input type="checkbox"/> – Will you be claiming an amount less than 100%?									
	No <input type="checkbox"/> Yes <input type="checkbox"/> – Specify amount claimed							%		
Address							State		Postcode	
Contact Number(s)	Business	( )			Private	( )				
	Facsimile	( )			Mobile					
Policy No.					Expiry date		/ /			

The Cargo			
Please <input checked="" type="checkbox"/>			
Please provide details of the cargo owner			
Has the owner of the goods claimed against you for loss or damage?			
			No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', you must provide us with details including your reply, if any			
Has the owner of the goods claimed against you for loss or damage?			
			No <input type="checkbox"/> Yes <input type="checkbox"/>
If 'Yes', provide name of insurer and policy number			
Name of insurer			Policy No
Where can the damaged goods be inspected?			
CONTACT	Name		
		Phone No.	

