

# Marine Cargo/Goods in Transit Claim Form

This claim form is to be used when claiming for goods which have been lost or damaged in transit.  
On completion, please forward this claim form to our office or email us as soon as possible.  
Repairs, replacement or disposal of goods must not be authorised without your insurer's approval.  
A written letter of demand should be sent to the carrier/ship/airline holding them liable for the loss.

## Your Privacy

Logical Insurance Brokers is bound by the Privacy Act 1988 (Cth).

We are committed to protecting your privacy.

We collect, use, process and store personal information and, in some cases, sensitive information about you and your company to assist us manage your claim. Your insurer will be provided with this information in order to assess your claim. By providing this information to us, and your insurer, you consent to our, and your insurers, use of this information. This includes us, and your insurers, disclosing your information, where relevant, to affiliates of your insurers, other insurers and reinsurers and any service providers (including loss adjusters, surveyors, lawyers, accountants and investigators), insurance reference bureaus, and any business partners as required by law within Australia or overseas. You understand that any personal and sensitive information disclosed to organizations located overseas may not be protected in the same way as it is in Australia.

Even though we have no control over how the information will be used and disclosed, you consent to us disclosing your personal and sensitive information to those overseas organisations for the purposes described above. If you do not provide the requested information or consent to its collection and disclosure as described above, we may not be able to effectively manage your claim and your insurers may not be able to adequately assess your claim, or your claim may be delayed or your insurers may not accept your claim.

Your insurers may also obtain information from government offices and third parties to assess the claim in the event of loss or damage. Information about how to access the personal information we hold about you, have it updated or corrected or how to make a complaint about how your personal information is contained within our Privacy Policy. Please refer to our website for further information.

## Contact us

You can contact our Privacy Officer using the details below:

### Privacy Officer

Suite 21 Level 2 8 Hill Street  
Surry Hills NSW 2010  
PO Box 103  
Darlinghurst NSW 1300

**Phone** 02 9328 3322  
**Facsimile** 02 9328 3323  
team@logicalinsurance.com.au

Claim Number

## Section 1. Details of the Policyholder

The supply or acceptance of this form is not an admission of liability on the part of the insurer.

Name

Address  Post Code

Email  Mobile

Work Phone  Home Phone  Fax

Policy Number  Expiry Date

What is your Australian Business Number (ABN)?

Are you registered for GST? Yes  No

To what extent are you entitled to claim an Input Tax Credit on the GST applicable to the premium?  %

Your Occupation/Bus/Industry/Trade

Name any other interested party  How interested

Address  Post code

Is there any other Insurance in force which would cover this in whole or part Yes  No

If **YES**, please advise in the space provided

Insurer's Name

Policy Details

## Section 2. The Goods

Are you the owner of the lost damaged goods?

Yes

No

If **NO**, please provide details of the owner

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Please provide a description of the goods

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If the goods are damaged, where can they be inspected

Contact Name

Phone

### Police must be notified of any stolen goods

Police Station

Report No.

Date

## Section 3. The Transit

Please provide details of the transit

Carrier's Name

Journey from

To

Date

Type of Transport

road carrier

own vehicle

sea

post

air

rail

## Section 4. The Loss Damage

What date was the loss first discovered?

What caused the loss?

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## Section 5. Details of Claim

Please describe the loss or damage (if insufficient room please attach a separate schedule)

Item (include make, model, age)	Description/Details of loss or damage	Sum Insured	Amount Claimed
Total Amount Claimed			\$
Policy Excess			\$

**The following documents are required in support of your claim. Please tick when attached:-**

- Letter of claim on the carrier/ship/airline
- The reply (if any) from the carrier/ship/airline
- Consignment Note/Bill of Lading/Airway Bill (with terms and condition on reverse side)
- Invoice showing value of goods claimed
- Repair Quotations (if applicable)
- Images of the damaged goods
- Freight Invoice

If any of the above documents are not available, please state the reason why

## Section 6. 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

## Section 7. Salvage

Do you believe there is any salvage available for the damaged goods? Yes  No

If **YES**, please advise the details

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## Declaration and Authorisation (must be completed)

I/We declare that the above statements are true, correct and complete in every detail and that I/we have not suppressed or mis-stated any facts. I/we understand the claim may be refused if information is not true or is withheld.

I/We authorize insurers to give and to obtain from other insurers, insurance reference bureaus and credit reporting agencies any information relating to the insureds credit or insurance history as well as insurance claims information obtained during the course of this contract.

I/We expressly agree that the information given by me/us is provided with my full knowledge and consent and further agree to hold harmless and indemnify Logical Insurance Brokers in the event of any action or matter that may be taken by any party pursuant to the Privacy Act 1988 (Cth). I/We acknowledge that I/we have read and understood the paragraphs accompanying this claims form headed "Your Privacy".

Date: \_\_\_\_\_

Signature of the insured: \_\_\_\_\_