



COMPREHENSIVE COMBINED CARRIERS

Important Notice

Please read this claim form prior to answering the questions.

ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.

Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

Liberty Specialty Markets (Liberty) reserve our right to obtain further documents in relation to this claim, if necessary.

Please do not accept any offer of settlement or bank monies without first contacting Liberty.

You are reminded that under no circumstances should you admit any liability or make any offer of settlement.

1. DETAILS OF INSURED

Name of insured

Address

Policy no.

Email

Telephone

Fax

Input tax entitlements

ABN

2. CLAIM DETAILS

Date of loss

Date of dispatch

Consignment note no.

Consignor

Consignee

Transit from

Transit to

Description of cargo/goods

Cause of loss/damage

Where did loss occur?

Where can the goods be inspected?

Have you reported the loss to police?

Yes

No

If yes give date of notification

Has a claim been made against you?

Yes

No

Have you denied liability verbally or in writing?

Yes

No

If yes, please provide a copy of all documentation.

Do you want to indemnify the cargo owners?

Yes

No

6. IMPORTANT POINTS TO CONSIDER THAT MAY INFLUENCE A CLAIM

If you provided this transit service under another transport company’s Terms and Conditions of Carriage i.e. acted as a sub-contractor:

- | | | |
|--|-------|----|
| a. Were you provided with a copy of the main contractor’s Terms and Conditions of Carriage? | Yes | No |
| b. Do the main contractor’s Terms and Conditions of Carriage indemnify/protect you for any loss/damage caused? | Yes | No |
| c. Has the main contractor denied liability in respect of the damage to the cargo in question? | Yes | No |
| d. Who is making the claim? | _____ | |

If the responses are “yes” to a, b or c, please contact your broker and Liberty immediately to discuss next possible steps to deal with such circumstances.

3. SIGNATURE

I, (print name in full)

(position)

of the insured and on behalf of the insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date

Privacy Notice

Liberty Specialty Markets is a trading name of Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**). It is a member of Boston-based Liberty Mutual Group. Liberty Australia’s head office contact details are:

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