



MARINE GENERAL CARGO

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.

Submission of any claim to Liberty Specialty Markets (Liberty) should not be withheld awaiting the carrier's response to a letter of demand.

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

Type of packing:	FCL	LCL	Bulk	Other
Agent/forwarder	Vessel/carrier			
Consignment note no.	Bill of lading no.			
Airway bill no.	Consignee			
Voyage from	Voyage to			
Date of departure	Date of arrival			
Description of cargo				

Cause of loss/damage

Date of loss

Where did loss occur

Have you requested Joint Survey with carrier?	Yes	No
Have you requested Joint Survey with Customs Authority?	Yes	No
Have you reported the loss to police?	Yes	No
If yes give date of notification		
Have you given a Clean Receipt?	Yes	No
Have you made a claim on the carrier?	Yes	No
If yes give date of claim		

5. BANK DETAILS

Please provide your account details below to ensure a prompt settlement if your claim is accepted.

Account name

Bank name

Account number

BSB number

6. 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:

Address: Locked Bag 18, Royal Exchange NSW 1225, Australia
 Phone: +61 2 8298 5800

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