



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.

Fast track claims

Any claims estimated to be less than or equal to AU\$30,000 may be eligible for fast tracking. We aim to settle fast-track claims in less than 72 hours, although some settlements may take longer, depending on the circumstances and the information we need.

To make a fast track claim, you will need to supply all of the following:

- ▶ a completed copy of this claim form
- ▶ your bill of lading/air waybill/consignment note (where applicable)
- ▶ copy of original purchase invoice for damaged/lost item
- ▶ photos/proof of damage
- ▶ repair/replacement quote or invoices (a second quote may be requested in certain cases)
- ▶ bank details
- ▶ letter of demand on carrier (within three (3) days of receipt/notification of damage)

Please note: Settlement may be delayed if the above documents are not provided at the time of the initial claims notification, or if we need more information to assess your claim.

1. DETAILS OF INSURED

Policy no.				
Name of insured				
Street				
City	State	Postcode		
Are you registered for GST purposes?			Yes	No
What is your ABN?				
Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?			Yes	No
Is the amount of any input tax credit you have claimed (or intend to claim) less than 100% of the GST that was applied to your policy premium?			Yes	No
If yes, specify the percentage amount claimed or intended to be claimed			%	

2. CLAIM DETAILS

Date of loss						
Cause of loss/damage						
Description of cargo						
Where did the loss occur?						
Location of damaged goods						
Contact name and number						
Have you reported the loss to police?				Yes	No	
If yes, give date of notification and police report number						
Have you given a clean receipt?				Yes	No	
Have you made a claim on the carrier?				Yes	No	
If yes give date of claim. Note that notice to carriers within three (3) days of delivery is required to protect recovery rights.						
Please advise terms of sale:		CIF	CFR	FOB	EXW	Other
Type of packing:		FCL	LCL	Bulk	Other	

4. DOCUMENTS

For faster processing of your claim please ensure that you have attached:

1. a) Certificate of insurance, **or**
b) Copy of monthly declaration
2. a) Originals or non-negotiable copy of the front and reverse side of the bill of lading:
b) True copy of the master airway bill
c) True copy of the house airway bill, **and/or**
d) True copy of both sides of the consignment note
3. a) Original invoice/s and packing list/s, **and/or**
b) Original packing inventory for household goods and personal effects shipments
c) Repair/replacement quote
d) Freight invoice
e) Custom's entry form
4. a) True copy of wharf receipt:
b) True copy of delivery docket, **and/or**
c) True copy of weight note at port of discharge/final destination
5. Copy of Notice of Claim to the following parties where applicable:
a) Vessel owners/operators
b) Air carriers
c) Forwarders, **and/or**
d) Any other parties that insurers have identified to be potentially liable for the loss
6. Original survey report with colour photos, if any.

Submission of your claim to Liberty should not be withheld awaiting the carriers reply to the letter of demand. Please forward the original carriers reply to claimsasiapacific@libertyglobalgroup.com when received. Liberty reserve our right to obtain further documents in relation to this claim, if necessary.

5. BANK DETAILS

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

Account name

Bank name

BSB number

Account number

Overseas payment

Bank name

Bank physical address

Swift code/BIC or sort code

IBAN

6. SIGNATURE

I, (print name in full)

(position)

of the Insured and, or 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. Details of Liberty's head office in Australia are:

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

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