

Freight Forwarders Liability Claim Form

Under no circumstances must the policyholder admit liability either verbally or in writing. Where relevant, please encourage your customer to report the loss to their Marine Cargo insurers without delay. This will provide their insurers with an opportunity to survey the damage and advise if their policy will respond to any portion of the loss. We also recommend that you send an "Intent to Claim" to your contracting parties to put them on notice of the incident. There is no particular format that the Intent to Claim needs follow, provided the receiving party has enough information to investigate the matter further if they wish. [Please contact our office if you would like a standard form Intent to Claim template].

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 in part? Yes No
If **YES**, please advise in the space providedInsurer's Name Policy Details

Section 2. Claim information

Date of Incident Date of dispatch

Date of arrival Date incident reported to you

Does the incident involve any action by Australian Border Force, such as incorrect tariff classifications or Infringement Notice Scheme? Yes No

If **YES**, please provide full details and supply copies of all correspondence relating to the incident.

Name of vessel/airline Voyage/flight number

Port of shipment Port of discharge

Consignor name Contact number

Address

Consignee name Contact number

Address

Please provide container numbers which are subject of this claim

Please provide description of the cargo damaged/lost/delayed

Please indicate your role

NVOC Freight Forwarder Haulier Warehouse Operation Other

If **OTHER**, please provide details

Please provide details of your role in the incident

Are subcontractors/agents involved?

Yes No

If **YES**, please provide name/address/contact number(s)

Was the loss due to theft or pilferage?

Yes No

If **YES**, has the event been reported to the police

Yes No

If **YES**, please provide name/address/contact number(s). Please provide a copy of the police report &/or police report number if available

Please indicate trading conditions

CMR
 RHA
 BIFA
 B/L
 STC airway bill

Your own Terms & Conditions
 Other

If **OTHER**, please provide details

Please advise if you provided a copy of your trading terms & conditions to your customer

Yes No

If **YES**, please attach a copy of the incorporated (signed) terms & conditions

Please provide details of how damage/loss/delay occurred

Where did the damage/loss/delay occur?

Please provide address, contact name(s) and number(s) of where the damaged cargo can be inspected

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Please provide details of packaging condition

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Please provide details of the action that was taken immediately following knowledge of the loss/damage/delay

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Please advise if there was a legible signature on collection: Yes No on delivery: Yes No

Were details of the loss and/or damage noted at the time of delivery? Yes No

Were details of loss and/or damage noted on delivery docket? Yes No

In your view, are there any other parties which may have contributed to the claim or circumstance which may give rise to a claim? Yes No

If **YES**, please provide details:

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What are your comments in response to the claim or the fact or circumstance which may give rise to a claim?

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What are your comments as to the quantum of the claim and what is your estimate of the potential monetary liability, if any?

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Are there any additional details about which you wish to advise, or which may be of interest to your insurers so they will have a better understanding of this matter? Yes No

If **YES**, please provide details:

Description of items to be claimed	Number of packages	Weight	Details of loss/damage	Amount claimed AUD\$
Total amount claimed				AUD \$

Section 3. 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

Overseas payment

Swift Code ABA code Sort code

In support of this notification, please provide (where applicable):

- Contractual conditions, e.g. Customer's signed Standard Trading Terms & Conditions, Bill of Lading [including revise side] or air waybill;
- Packing slips and commercial invoices;
- Outturn reports or Equipment Interchange Receipt (EIR);
- Accident reports or statements;
- Photographs (if available);
- Details of any other parties involved (e.g. claimant, third parties or subcontractors);
- Internal and external correspondence relating to the incident, including any customer demands for payment and Australian Border Force notices.

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: _____