

Marine Cargo/Goods in Transit Claims Form

Guide for completion

Please complete all sections of this form and note the following:

1. The completion of this form does not constitute policy acceptance by the insurer.
2. Failure to notify a matter immediately after the event or after you become aware of the event may enable the insurer to reduce or avoid any liability incurred.
3. Please ensure that you answer all questions in full and honestly. The form must be signed and dated.
4. If you do not believe a question is applicable, please write 'n/a'.
5. Original hard copy records are required by the insurer. Should you require them to be returned, please include a written request advising same. Photocopies are not acceptable for audit reasons.
6. All communications with the Insurer and Aon should be marked 'Private and Confidential'.
7. If anyone holds you responsible for their accident or injury, please insist that their claim must be in writing.
8. Do not admit liability to any claimant and do not disclose to the claimant the existence of any insurance you may have in place.
9. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
10. Salvage remains the property of the insurer.
11. Any attachments will form part of this claim report and the declaration will include them.

Privacy and collection statement

The insurer includes information about how they manage your personal information in their Product Disclosure Statements and Policy booklets. You can obtain a copy of the insurer's statement from their website or contact the Compliance Manager.

1. Insured Details

Name of insured

Mr Mrs Miss Ms Dr

First name Family name

Postal address

Suburb State Postcode

Phone Mobile

Email

2. Policy Details

Policy number Policy expiry date (dd/mm/yyyy)

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3. Goods and Services Tax

To ensure that you do not incur any unnecessary GST liabilities on this claim please complete these details.

Are you registered for GST? Yes No

What is your ABN?

If you have an ABN, have you claimed or will you be claiming an input tax credit on the GST applicable to this policy? Yes No

Are you entitled to an Input Tax Credit for the goods which is subject to this claim? Yes No

If 'Yes', please specify %

Is the amount claimed less than 100% of the GST applicable to the premium? Yes No

If 'Yes', please specify %

Please note that this information is used by the insurer for their own GST calculations and will not affect your claim.

4. The Goods

Are you the owner of the lost/damaged goods? Yes No

If 'No', please provide details of the owner

Describe the goods

If the goods are damaged, where can they be inspected?

Contact name

Phone number

NOTE: Police must be notified of any stolen goods.

Police station

Report no.

Date (dd/mm/yyyy)

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5. The Transit

Please provide details of the transit

Carrier's name

Journey from to Date (dd/mm/yyyy)

Type of transport Road carrier Sea Post
 Own vehicle Air Rail

6. The Loss

Journey from to Date (dd/mm/yyyy)

When was the loss discovered?

Date (dd/mm/yyyy)

What caused the loss?

7. Details of the claim

Describe the loss or damage (if insufficient room, please attach separate schedule)

Item (include make, model, age)	Details of loss or damage	Sum insured	Amount claimed
TOTAL AMOUNT CLAIMED			\$ <input style="width: 100px;" type="text"/>
POLICY EXCESS			\$ <input style="width: 100px;" type="text"/>

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The following documents are required in support of your claim. Please when attached.

- Letter of claim on the carrier/ship/airline
- Invoice showing value of goods claimed
- The reply (if any) from the carrier/ship/airline
- Repair/replacement quotations (if applicable)
- Consignment note/Bill of Lading/Airway bill

If any of the above documents are not available, please let us know the reason why.

8. Declaration

(If a firm, this declaration must be made and signed by a member of the firm, so describing himself)

I/We declare that:

1. I/We do hereby declare that the foregoing answers are true and correct, that I/We have in no manner wilfully caused the said loss or by any fraud or misrepresentation sought unjustly to benefit by the said event and that the information detailed in the Schedule appearing above is a true and faithful account of the actual loss sustained excluding any profit or advantage.
2. I/We hereby undertake and agree to notify Aon immediately if any of the lost or stolen property mentioned in this claim is subsequently recovered, and at the option of the Insurer to return the property or to refund the amount of money received by way of compensation in respect thereof.

Signature of insured

Date (dd/mm/yyyy)

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Position with company (if applicable)

Additional information you may wish to provide should be set out below

Aon is a leading provider of risk management services, insurance and reinsurance broking, financial planning and employee benefit and risk solutions. Aon professionals meet the diverse and varied needs of our clients through our industry knowledge, technical expertise and global resources.

For more information on Aon see aon.com.au