

CARGO CLAIM FORM

- Please read this Claim Form prior to answering. ALL questions must be answered as fully as possible.
- Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident.
- If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.
- If you have any questions in relation to the completion of this Claim Form, please contact your insurance broker.
- Please send the completed Claim Form, as soon as possible to your insurance broker.
- Appointment of legal representation should not occur without the prior consent of Proteus Marine Insurance.
- You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent from Proteus Marine Insurance.

1) Insured Details

Insured name _____ Policy number _____
 Address _____
 Contact name _____ Contact number _____
 Contact email _____

2) GST Declaration

Are you registered for GST Yes No If 'Yes', please provide ABN _____
 Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No
 If 'Yes', is the amount claimed less than 100%? Yes No
 If 'Yes', please note the percentage of GST claimed that is applicable to this premium _____ %

3) Claim Information

Date of loss _____ Date of dispatch _____ Date of arrival _____
 Voyage from _____ Voyage to _____

Please provide details of where and how the loss/damage occurred and what caused the damage/loss _____

Was the damage noticed prior to leaving the port? Yes No
 If so, what damage was noted on the docket _____

6) Documents

To enable us to review your claim promptly, please ensure you attach ALL of the following applicable documentation:-

- a) Certificate of Insurance; or
- b) Copy of monthly declaration, if applicable
- c) Original or non-negotiable copy of the front and reverse side of the Bill of Lading.
- d) Copy of the Master Airway Bill;
- e) Copy of the House Airway bill; and/or
- f) Copy of both sides of the consignment note.
- g) Copy of commercial invoice and packing list and/or
- h) Packing inventory for household goods and personal effects shipments
- i) Repair/Replacement quote
- j) Copy of the wharf receipt
- k) Copy of the Delivery Docket and/or
- l) Copy of the Weight note at port of discharge/final destination
- m) Copy of letter of demand to Carrier, Vessel Owner/Operator, Stevedore or other third party
- n) Survey report, if available

7) EFT payment details (please complete this section if you require payment directly into your account)

Account Name _____ Account number _____
Bank Name _____ BSB number _____
Bank Address _____ State _____ Postcode _____

8) Declaration

I/We solemnly and sincerely declare:

- a. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
- b. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
- c. That there was no other insurance covering this loss current at the date of this incident.
- d. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Insured Signature _____

Date _____

Privacy

Proteus has a privacy policy which sets out personal information they collect and how they collect, disclosure, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at the following website or by requesting it from our authorised representatives or service providers.

www.proteusinsurance.com.au or contact the Privacy Officer for Proteus on 1300 767 231