CARRIERS INSURANCE (Liability) CLAIM FORM

* Please read this Claim Form prior to answering the questions. 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 completion of the Claim Form, please contact your insurance broker.
* Please send the competed 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 of Proteus Marine Insurance.

1. ***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 %

1. ***Insured Details***

Insured name Policy number

Address

Contact name Contact number

Contact email

Were you the first actual carrier? Yes No

Was any part of the journey subcontracted? Yes No

If ‘Yes’, please provide name and contact details for the sub-contractor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. ***Driver of the vehicle at the time of incident***

Full name

Contact number Mobile

Licence number Class

State of issue Date of expiry

Relationship to the Insured (Subcontractor, relative employee etc.)

Was the transit occurring with the Insured’s consent? Yes No

If ‘No’, please provide details

Were the police called to the incident? Yes No

Name of attending officer Contact number

Police station Report number

1. ***Vehicle Details***

Year Make Model

Body type Engine number

Vehicle Identification Number (VIN)

Registration number Expiry date

Weight limit the truck is allowed to carry

Name of owner Date vehicle purchased

CTP Insurer Policy number

1. ***Details of Loss***

Date of loss Date of dispatch Date of arrival

Time am/pm Time am/pm Time am/pm

Transit from Transit to \_\_\_\_\_\_\_\_\_\_

Where did the loss occur? (address details) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What are the circumstances of the loss? (*Explain precisely as possible what happened*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What damage was sustained to the goods? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Where can we inspect the damaged goods? (Provide address location and contact name and number) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Has a claim been made against you? Yes No

If ‘Yes’, provide copy of demand.

Do you consider you are liable for this loss? Yes No

Is there any debris still at the accident site? Yes No

Was the carrying vehicle towed? Yes No

If ‘Yes’, do you believe this has caused additional damage to the freight? Yes No

If ‘Yes’:

Towing company name Contact number

Registration of towing vehicle

Please advise of any witnesses to the accident

Name

Address

Phone

1. ***Freight Owner***

Name

Address

Contact number Mobile

Exactly where did the incident occur? Inbound Outbound

Distance from the base km

Were there additional carriers for this transit? Yes No

Name Contact number

Address

Name Contact number

Address

1. ***Consignment Note***

Was a consignment note or terms & conditions of carriage/cartage issued? Yes No

Was the consignment note signed prior to the commencement of the transit? Yes No

Was the consignor already aware of your standard conditions of carriage? Yes No

Was the transit subject to your standard conditions of carriage as approved by us? Yes No

If ‘No’, please attach a copy of the conditions of carriage that applied.

Are you aware of any reason why you could not rely on your standard conditions of carriage to deny liability for loss of or damage to the goods? Yes No

If ‘Yes’, please provide details \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. ***Third Parties Involved* –** If there were other vehicles involved, please provide the following *(note; if more than one third party involved, please supply the following information for each party, using a separate sheet if necessary)*

Vehicle make Model Year

Driver name Contact number

Address

Third parties insurer Policy number

Did the driver undertake breathalyser or blood tests? Yes No

Results

1. ***Goods***

|  |  |  |
| --- | --- | --- |
| **Description of Goods** | **Estimated Value of Goods** | **Estimated Salvage value of Goods** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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

Account Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSB number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ***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.proteusinsuance.com.au](http://www.proteusinsuance.com.au) or contact the Privacy Officer for Proteus on 1300 767 231