

National Transport Insurance (ABN 20 507 956 234) is a Joint Venture of:
 CGU Insurance Limited ABN 27 004 478 371 AFSL 238291 - 50%
 Vero Insurance Limited ABN 48 005 297 807 AFSL 230859 - 50%
 Each insurer is only responsible for its one half share

CLIENT No.:

POLICY No.:

Intermediary:



National Transport Insurance A.B.N. 20 507 956 234

TOWNSVILLE: – SUITE 1, 95 DENHAM STREET, TOWNSVILLE, 4810, P.O. BOX 2183, TOWNSVILLE, QLD. 4810. TELEPHONE: (07) 4721 2922. FAX: (07) 4771 6342
ROCKHAMPTON: – 214 QUAY STREET, ROCKHAMPTON, P.O. BOX1650 ROCKHAMPTON, QLD. 4700 TELEPHONE: (07) 4922 7977. FAX: (07) 4771 6342
BRISBANE: – LEVEL 1, SOUTHGATE BUILDING, 3350 PACIFIC HIGHWAY, SPRINGWOOD, P.O. BOX 435, SPRINGWOOD, QLD. 4127. TELEPHONE: (07) 3290 3290. FAX: (07) 3290 2788
NEWCASTLE: – LEVEL 1, SUITE 15B, 50 GLEBE RD, THE JUNCTION, NSW 2291 P.O. BOX 147, THE JUNCTION, NSW 2291. TELEPHONE: (02) 4965 4700. FAX: (02) 4965 4699
SYDNEY: – SUITE 2301, LEVEL 23, NORWICH HOUSE, 6-10 O'CONNELL STREET, SYDNEY NSW 2000. G.P.O. BOX 2716, SYDNEY NSW, 2001. TELEPHONE: (02) 9233 3433. FAX: (02) 9233 3455
CANBERRA: – SUITE 2301, LEVEL 23, NORWICH HOUSE, 6-10 O'CONNELL STREET, SYDNEY NSW 2000. G.P.O. BOX 2716, SYDNEY NSW, 2001. TELEPHONE: (02) 9233 3433. FAX: (02) 9233 3455
MELBOURNE: – LEVEL 7, 11 QUEENS ROAD, MELBOURNE, VIC. 3004, P.O. BOX 7279, MELBOURNE, VIC. 3004. TELEPHONE: (03) 9867 5688. FAX: (03) 9867 3802
LAUNCESTON: – 73-75 ST JOHN ST, LAUNCESTON TAS 7250 P.O. BOX 867 LAUNCESTON TAS 7250. TELEPHONE: (03) 6331 6769. FAX: (03) 6334 6212
ADELAIDE: – UNIT 4, 53-57 GLEN OSMOND RD, EASTWOOD SA 5063 P.O. BOX 415 FULLARTON SA 5063. TELEPHONE: (08) 8271 1166. FAX: (08) 8271 1200
BUNBURY: – 1 SPENCER ST, BUNBURY WA 6230. TELEPHONE: (08) 9791 5411. FAX: (08) 9791 5422
PERTH: – LEVEL 4, 50 ST GEORGES TERRACE, PERTH W.A., 6000, P.O. BOX Z5143 ST GEORGES TERRACE, PERTH, W.A. 6831. TELEPHONE: (08) 9421 1190. FAX: (08) 9421 1853
DARWIN: – LEVEL 3, 47 MITCHELL STREET, DARWIN 0800. TELEPHONE: (08) 8942 3803. FAX: (08) 8942 3824

ROAD FREIGHT INSURANCE CLAIM FORM

PRIVACY STATEMENT

The privacy Act 1998 (as amended) now applies and requires us to inform You that:

Purpose of Collection

We collect personal information (*this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person*) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

Disclosure

We may disclose your personal information, when necessary and in connection with the purpose listed above, to: your insurance broker or our agent, Government Bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

WHAT HAPPENS NOW?

- Please complete this Claim Form and contact your Broker/Authorised Representative or nearest NTI Branch

ARE YOU STILL AT THE ACCIDENT SCENE?

- Ring NTI ACCIDENT ASSIST on 1800 684 669 (1800 NTI NOW) who can help you deal with the accident scene and managing the vehicle, driver, load and related clean up issues.

WHAT CAN YOU EXPECT?

- As soon as your claim has been reported to us, we will contact you as soon as possible to obtain further information and assess your claim.
- A fully trained and experienced Claims handler will be appointed to manage your claim.

IS SOMEONE MAKING A CLAIM AGAINST YOU?

- Please complete this Claim Form and return it to your NTI branch together with all the correspondence received from the other party
Or
- Contact your NTI Road Freight Claims department for advice.

Legal & Technical Claims - Road Freight National Transport Insurance, PO BOX 435, Springwood, QLD 4127
 Phone: (07) 3287 0652 Fax (07) 3290 3013 Email: noelsmith@nti.com.au

WHAT ABOUT MY EXCESS?

- PLEASE NOTE: ALL CLAIMS SUBMITTED REQUIRE EXCESS PAYMENT REGARDLESS OF FAULT
 - If it is determined by NTI that the accident was not your fault NTI will try to recover your insurance excess from other party. Naturally NTI cannot guarantee that this action will be successful.

NOTE: The issue of this claim form is not an admission of liability on our part.
 All questions must be fully answered in Either black or blue pen.
 Please print clearly and tick boxes appropriately to indicate "Yes" or "No" answers.
 Please continue on a separate sheet of paper if necessary.

POLICY NUMBER:		EXPIRY DATE:	
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THE INSURED			
Names of Insured (in full):			
Phone Number:		Mobile Number:	
Address:		Post Code:	
Email address:			
Are you a GST registered Company:	Yes / No	A.B.N.:	
Will you claim a 100% input tax credit on the GST in your insurance premium:	Yes / No	If No, what percentage will you be claiming	%

INTERMEDIARY DETAILS	
Intermediary Name:	Phone Number:

DRIVER OR PERSON IN CHARGE OF THE VEHICLE					
Surname:				Given Names:	
Address:				Postcode:	
Date of Birth:	Age:	Phone:		Mobile:	
Drivers Licence No:	Class:	State of Issue:		Expiry Date:	

PHOTOCOPY BOTH SIDES OF LICENCE AND LOGBOOK (WHERE APPLICABLE) AND ATTACH TO THE CLAIM FORM

Relationship of driver to the insured (eg employee, subcontractor, relative):					
Was the vehicle driven with the insureds consent:	Yes / No	if "No" supply details:			
Was the freight being handled or controlled with the insureds consent:	Yes / No	if "No" supply details:			
Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours preceding the accident or transit journey:	Yes / No	if "Yes" supply details:			
Did the driver or person in control of the freight undergo a breathalyser/blood test:	Breathalyser:	If "Yes", result: Yes / No	Blood test:	If "Yes", result: Yes / No	

VEHICLE INFORMATION							
Prime Vehicle (if involved)							
Year:		Make:		Model:		Body Type:	
Colour:		Engine No:		Reg. No:		Vehicle ID: (vin/Chassis)	
Registration Expiry Date:		Date Purchased:		CTP Insurer & Policy No:			
Name of Owner of the Vehicle:							

Particulars of Trailer (if involved)							
Year:		Make:		Model:		Body Type:	
Colour:		Reg. No:		Vehicle ID: (vin/Chassis)			
Registration Expiry Date:		Date Purchased:		CTP Insurer & Policy No:			
Name of Owner of the Vehicle:							

TRANSIT & INCIDENT DETAILS					
Date and time of transit:		Departure Date:		Expected time of arrival at destination:	
		Departure Date:		Expected Date of arrival at destination:	
Freight in transit from:	Provide Town & State	Freight in transit to:	Provide Town & State		
Where is the freight now:	Provide details of depot/storage facility and town name & State			Provide Contact name and number at location	

FREIGHT OWNER(S) / CLAIMANT(S) DETAILS

Name:			
Address:			
Phone:		Mobile:	
Were there any other carriers responsible for moving the freight:	Provide Name & Address of other carriers		
Is there any freight or debris still at the accident site:	Yes / No		
Where did the damage / loss occur in respect of your base of operation:	Inbound / outbound		
Distance from your base of operations to the accident scene:			
Distance from your base of operations to the intended destination:			
If your vehicle was towed, do you consider the tow operator responsible for any part of the freight damage:	Yes / No		
If "yes" to the question above, please provide towing vehicles registration no & owner name and details:			
Is Police action pending?			
Were there any witnesses to the incident:	Yes / No If "Yes" please provide contact details of witness		
Were there any other prime movers responsible for moving the freight?	Yes / No If "Yes" please provide contact details of witness		

CONSIGNMENT NOTES / TERMS AND CONDITIONS

Were you a subcontractor or principal carrier:	<input type="checkbox"/> Subcontractor	<input type="checkbox"/> Principal/Sole Carrier	<i>(go to relevant section)</i>
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Subcontractors

Did you issue a consignment note for this carriage:	Yes / No	If "Yes" please provide a copy (front & back)
Did you issue a consignment note or trading terms and conditions to the principal carrier on a prior occasion(s) to this carriage:	Yes / No	If "Yes" please provide a copy (front & back) and advise dates of issue and copies of all correspondence evidencing such issue
Did the principal carrier issue consignment note or trading terms and conditions to the owner of the freight?	Yes / No	If "Yes" please provide copies

Principal / Sole Carrier

Did you issue a consignment note for this carriage:	Yes / No	If "Yes" please provide a copy (front & back)
Did you issue a consignment note or trading terms and conditions to the principal carrier on a prior occasion(s) to this carriage:	Yes / No	If "Yes" please provide a copy (front & back) and advise dates of issue and copies of all correspondence evidencing such issue

Details of OTHER VEHICLES / PERSONS INVOLVED (attach separate list if more than one vehicle / person)

Year:		Make:		Model:		Body Type:	
Colour:		Engine No:		Reg. No:		Vehicle ID: (vin/Chassis)	

Owner Details

Driver details (if different from owner):			
Their Insurers name:		Policy No:	

DETAILS OF CARGO LOSS AND CLAIMS MADE	
Please state the cause of loss or damage:	(if there are multiple causes please comment on each):
Please state the exact location where the loss or damage occurred:	
Who first noticed the loss or damage and when (date):	
Was there any pre-existing damage to the freight:	Yes / No If "Yes" please provide details
Is there any other party who could be held responsible for this loss or the cause of the loss:	Yes / No If "Yes" please provide details of the other party(s)
Were the police notified:	Yes / No If "Yes" please provide event number, OIC and Station
Weight of load / truck cargo allowed to be carried:	

THIS SECTION ONLY TO BE COMPLETED IF A FREIGHT CLAIM IS MADE AGAINST YOU				
Freight description	Quantity	Invoiced or insured value	Total Invoice value	Estimated Repair Cost
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

CHECKLIST OF IMPORTANT DOCUMENTS TO BE SUPPLIED TO NTI:	
1	<input type="checkbox"/> Copy of Consignment note including terms and conditions on reverse side
2	<input type="checkbox"/> Packing list / inventory / document manifest
3	<input type="checkbox"/> Quotation for replacement / repairs / reconditioning of freight or items claimed
4	<input type="checkbox"/> Log book
5	<input type="checkbox"/> Licence (front & back)
6	<input type="checkbox"/> Invoices for purchase or sale of goods
7	<input type="checkbox"/> Driver statement signed and dated (what happened where, cause and why, comment on cargo loss damage and salvage)
8	<input type="checkbox"/> Delivery receipts / documents (obtained during various parts of transit journey)
9	<input type="checkbox"/> Specific instructions or agreements relating to the freight handling, transit, delivery etc
10	<input type="checkbox"/> ALL different terms & conditions of carriage / storage / cargo issued. (if more than one carrier subcontractor / principal)
11	<input type="checkbox"/> Copy of non-delivery / shortage receipt / credit notes if applicable
12	<input type="checkbox"/> Copy of temperature records
13	<input type="checkbox"/> Weight certificates or other evidence of type and state of goods prior to / at commencement of carriage.
14	<input type="checkbox"/> Survey report on freight (prior or post transit)
15	<input type="checkbox"/> Any other documents that you think may assist us in understanding or defending your claim against another party.

DECLARATION
My/Our answers to the question and statements in this claim form are to the best of my knowledge and belief correct and I/We have not withheld any information likely to affect consideration of this claim. Where such answers are not in my/our handwriting and relate to the accident details, or me/us, they have been checked by me and certified as correct.

Drivers signature:		Date:	
Insureds Signature(s):		Date:	