ZURICH®

Goods in Transit (Carriers)

Claim form

Privacy

Zurich is bound by the Privacy Act 1988 (Cth). Before providing us with any Personal or Sensitive Information ('Information'), you should know that:

We collect, use, process and store Personal Information and, in some cases, Sensitive Information about you such as health information, in order to comply with our legal obligations, assess your application and, if your application is successful, to administer the products or services provided to you, to enhance customer service and product options and manage a claim ('purposes').

If you do not agree to provide us with the Information, we may not be able to process your application, administer your policy or assess your claims.

By providing us or your intermediary with your Information, you consent to our use of this Information and where relevant for the purposes, you consent to our disclosure of your Personal Information, including your Sensitive Information, to your intermediary, affiliates of the Zurich Insurance Group Ltd, other insurers and reinsurers, our service providers, our business partners, medical and health practitioners, government offices and agencies, regulators, law enforcement bodies, your employer, Workcover authorities and as required by law within Australia or overseas.

Zurich may obtain Information from government offices, the parties listed above and third parties to administer policies and assess a claim in the event of loss or damage.

In most cases, on request, we will give you access to personal information held about you. In some circumstances, we may charge a fee for giving this access, which will vary but will be based on the costs to locate the information and the form of access required.

For further information about Zurich's Privacy Policy, a list of service providers and business partners that we may disclose your Information to, a list of countries in which recipients of your Information are likely to be located, details of how you can access or correct the Information we hold about you or make a complaint, please refer to the Privacy link on our homepage – www.zurich.com.au, contact us by telephone

on 132 687 or email us at Privacy.Officer@zurich.com.au

Please provide the following information/documentation where possible with your claim form

- Documentation supplied to you in support of the claim
- Demands received from the owner of goods
- Original packing/ weight/ inventory list
- Consignment Note (including reverse side) and or Contracts of Carriage
- Quotes/invoices/accounts for recoverable costs i.e. removal of debris
- Any other evidence of loss or damage including photographs.

Insured details	
Policy number	Claim number
Insured name	
Postal address	State Postcode
Contact name	
Contact number/s	
Email	

GST declaration		
Are you registered for GST? Yes No	If 'Yes', please provide ABN number	
Have you claimed an input tax credit on the GST and		Yes No
If 'Yes', is the amount claimed less than 100%?		Yes No
If 'Yes', please advise percentage of GST claimed is a		

Claim information									
Date of loss/damage	/ /	Date o	of dispatch	/	/	Date	e of arrival	/	/
Place of dispatch				Place of a	rrival				
When was loss/damage fir	st discovered?	/	/	Was there	any delay?	Yes 🔾	No 🔾	If 'Yes', ple	ease provide deta
Please provide details of tl	ne loss/damage	e incident							
Where did the loss occur?									
Please provide details of the	ne goods invol	ved							
Address where damaged	goods can be i	nspected							
Consignee name and add	ress								
Consignor name and add	ess								
Has the event been report	ed to the polic	te?	Yes 🔘	No 🔾	lf 'Yes', μ	olease adv	ise name a	nd location	of police station
Police report number									
Were any third parties inv	olved?		Yes	No O	lf 'Yes', μ	olease adv	ise names,	addresses a	ınd contact detai
Please indicate 🕜 if god	ods were carrie	·d							
By you as the principa	l carrier								
By you as a subcontra	ctor for anoth	er carrier (please	e advise na	me of princip	oal carrier)				
By a subcontractor en	gaged by you	(please advise n	name and a	iddress of sub	ocontractor)				
Was a consignment note	ssued for the	ransit?		Yes	No 🔾				
Was the consignment mo	ved under a sp	ecific contract o	of carriage	? Yes 🔾	No 🔾				
Has a claim been made ag	gainst you by t	he owner of the	e goods?	Yes 🔘	No 🔾	f 'Yes', ple	ease attach	a copy of	the claim/demand
Amount of claim AU\$									
Please indicate 🕜 if you	ır require us to								
Pay the claim as a goo	odwill payment								
Pay the claim because	you believe yo	ou have a contr	actual obli	gation to do	50				
Pay the claim because	you have alre	ady agreed to s	ettle it						
Not pay the claim and	defend the cl	aim on your be	half – Do y	ou expect su	ch a claim to	o be made	against yo	ou?	Yes No
Have you incurred recover	able costs?	Yes 🔾	No 🔾						
Have invoices/accounts be	en paid by you	ı? Yes 🔾	No O P	lease attach	copies of all	invoices/a	ccounts to	support yo	ur claim

count name		Account number		
nk name		BSB Number		
nk address			State	Postcode
Overseas payment				
Swift Code	ABA Code		Sort Code	

Declaration				
declare that to the best of my knowledge and belief the inform nformation. I understand that Insurers do not admit liability by the		and correct and I hav	e not with	neld any rele
Name (Please print)	ie issue of this form.			
	ie issue Of this form.			