

# transit australia

## claim form

**NOTES:**

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 (✓) appropriate boxes to indicate 'YES' or 'NO' answers. Please continue on a separate sheet of paper if necessary.

Policy Number  Claim Number

Section 1 details of insured	Section 2 transit details
Name of Insured <input type="text"/>	1 What date were the insured goods moved? <input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	2 When were the insured goods delivered to their destination? <input type="text"/>
Address <input type="text"/>	3 What is the name and address of the carrying company that moved the insured goods within Australia? <input type="text"/>
<input type="text"/>	<input type="text"/>
State <input type="text"/> Postcode <input type="text"/>	<input type="text"/>
Are you a GST registered company? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
ABN <input type="text"/>	<input type="text"/>
Will you claim a 100% input tax credit on the GST in your insurance premium? No <input type="checkbox"/> Yes <input type="checkbox"/>	<input type="text"/>
If No, what percentage will you be claiming? <input type="text"/> %	4 The insured goods were in transit From <input type="text"/>
	To <input type="text"/>
<b>For Survey Purposes</b>	5 Where are the goods now? <input type="text"/>
Contact Name <input type="text"/>	<input type="text"/>
<input type="text"/>	
Contact Telephone Number <input type="text"/>	
( ) <input type="text"/>	
Fax Number / Email address <input type="text"/>	
( ) <input type="text"/>	
<input type="text"/>	

**Section 3 details of loss or damage**

6 Please state the cause of Loss or Damage

7 Who first noticed the loss or damage and when (date)?

8 Were details of the loss or damage noted on the delivery docket?

No  Yes

9 Have you written to the carrier holding them responsible? (If not, please do so)

No  Yes

10 Theft or non delivery of goods were reported to Police at

on  /  /  (date) at  (time)

**Section 4 details of goods lost, damaged, destroyed or stolen**

11	List the goods lost, damaged, destroyed or stolen	If lost, stolen or destroyed, what is the invoice value or value declared for insurance?	If damaged, what is the estimated repair cost?
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

**Total Amount Claimed**

\$

Will you be claiming a 100% input tax credit for the replacement / repairs?

No  Yes

If No, what percentage input tax credit will you be claiming?

%

## Section 5 important notice

12 Please attach the following documents where applicable:

- |  |  |
|--|--|
| <input type="checkbox"/> Commercial Invoice  | <input type="checkbox"/> Copy of Carrier's reply when available  |
| <input type="checkbox"/> Inventory or Packing List                                       | <input type="checkbox"/> Quotation for Replacement / Repairs   |
| <input type="checkbox"/> Consignment Note including terms and conditions on reverse side | <input type="checkbox"/> Police Report   |
| <input type="checkbox"/> Copy of Non-delivery / Shortage Receipt                         | <input type="checkbox"/> Any other documents that you think may assist us in understanding your claim. |
| <input type="checkbox"/> Copy of Claim on Carrier  |  |

## Section 6 privacy statement

The Privacy Act 1988 (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, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

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 purposes listed above, to: other members of the group of companies to which we belong; 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 evaluate your claim and if you are covered, to manage that claim.

### Access

You can request access to the personal information by contacting us.

### This Privacy Statement is issued by

Vero Insurance Limited, 465 Victoria Avenue, Chatswood, NSW 2067.

### *For personal claimants*

I consent to:

- the use of personal information about me for the purposes shown in the Privacy Statement, and
- the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

### *For all claimants*

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

## Section 7 code of practice

We have adopted the General Insurance Code of Practice. Please contact us for more information if required.

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief.

Signature of Insured(s) / Claimant(s)

Date

  

Date

  

**To enable us to promptly deal with your claim, please submit this claim form and available supporting documents as soon as possible. Further documents, such as the Carrier's reply, should be sent to us when they become available.**

**Please forward the completed claim form and applicable documents to:**

**All locations except Victoria**

Vero National Marine Claims Centre  
Locked Bag 25  
Australia Square NSW 1215  
Telephone 02 9295 4421  
Priority Call 1300 664 201  
Facsimile 02 9295 4222  
Email [marine\\_claims@vero.com.au](mailto:marine_claims@vero.com.au)

**Victoria**

Vero National Marine Claims Centre  
PO Box 294  
Collins St West VIC 8007  
Telephone 03 9245 8300  
Facsimile 03 9245 8337