

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by QBE Insurance.

How to complete this form

To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.

- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company	Individual
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A. Insured's details

1. Insured's name			
2. Policy number		3. Expiry date <i>(dd/mm/yyyy)</i>	
4. Address			
5. Phone	Work	Mobile	
6. Email address			

B. Transit

1. Name of consignor(s)			
2. Name of consignee(s)			
3. Were the goods being transported at "Limited Carriers Risk"?		Yes	No
If 'No', please advise the terms of carriage and supply a copy of the contract.		Enclosed	
4. Description of the consignment (including how it was presented for carriage)			
5. Description of the vehicle(s) on which the goods were carried			
6. Goods in transit	To	From	
7. Party responsible for loading consignment			

B. Transit			
8. Name of driver			
9. Were any drugs or alcohol consumed by the driver within the 24 hours prior to the incident?	Yes	No	
10. Did the driver count or check the items in the consignment?	Yes	No	
11. Were quantities correct and in good order?	Yes	No	
12. Was a clean receipt given?	(a) at time of loading?	Yes	No
	(b) at time of delivery?	Yes	No
13. Was the insured the contracting or the actual carriers?	Contracting	Actual	
If the contracting carrier, who was the actual carrier?			
If the actual carrier, who was the contracting carrier?			

C. Loss/damage						
1. Date and time of loss/damage (if known)	Date (dd/mm/yyyy)		Time		am	pm
2. Place of loss/damage (if known)						
3. Date loss/damage discovered	Date (dd/mm/yyyy)					
4. Date on which you were advised of loss/damage	By phone	in writing				
5. Please outline the circumstances leading up to the loss/damage.						
6. What damage did the goods sustain?						
7. Location of the goods for inspection purposes?						
8. Estimated value of the loss/damage						NZD
9. Number of packets/units that were lost/damaged						

D. Enclosures
1. In support of your claim, please attach the following. Failure to supply any of these documents may delay the settlement of your claim.
In the case of theft, report the matter to the Police promptly, and attach a copy of the Police Complaint Acknowledgement form.
All the suppliers' invoices in support of this consignment and a full set of packing lists/inventory.
The original consignment note (if this is not available, a clear copy, front and back, of the same document).
A copy of the value claim made against you.
The carrier's delivery docket noting damage/shortage.
A copy of all correspondence entered into with any parties in relation to the loss or damage.
If the contracting carrier, a copy of the claim against the actual carrier.

Declaration

Has this declaration been read to the insured? Yes No (A claim form may still be required)

- (a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect QBE's consideration of the claim.
- (b) If any personal information is provided, I/We understand that:
- (i) This information will be collected, held, used and disclosed by QBE (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in QBE's privacy policy available at www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
 - (ii) If I/We do not provide the information requested, then QBE may be unable to provide products or services.
 - (iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so.
To request access to or correction of personal information, please see www.qbe.com/nz/about-qbe/privacy-and-your-personal-information.
- (c) QBE is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise QBE to obtain, from any other party, information that is, in QBE's view, relevant to this claim.

Signed by applicant		Date (dd/mm/yyyy)	
Printed name		Phone	
Position		Mobile	
Email address			