

Western Australia Branch
 20 Kings Park Road, West Perth WA 6004
 PO Box 205 West Perth WA 6972
 Telephone: (08) 9320 5900
 Facsimile: (08) 9324 1972

GOODS IN TRANSIT CLAIM FORM

CLAIM NUMBER:

Please answer all questions in full. Any delay returning this form may prejudice your claim under the Policy.

ARE YOU REGISTERED FOR GST PURPOSES?	
No <input type="checkbox"/>	Yes <input type="checkbox"/> ➤ What is your ABN? _____
Have you claimed an input tax credit on the GST amount applicable to this policy?	
No <input type="checkbox"/>	Yes <input type="checkbox"/> ➤ Is the amount claimed less than 100% of the GST applicable to the premium? _____
No <input type="checkbox"/>	Yes <input type="checkbox"/> ➤ Specify the percentage amount claimed _____ %

1. Name and address of Insured _____
 _____ Tel No. _____
2. Name and address of Consignee _____
3. Name and address of Carrier _____
4. Make, Type and Registered Number of Vehicles _____
5. (a) Date of despatch _____ (b) Place of despatch _____ (c) Date of arrival _____
6. Nature of Loss or Damage _____
7. Where can the Damaged Goods be inspected? _____
8. Was the loss or damage noted on the Carrier's receipt? _____

PARTICULARS OF LOSS OR DAMAGE

Description of Goods	No. & Type of Packages	Value	Less Salvage (if any)	Amount of claim

9. **STATE FULLY THE EXACT CAUSE OF LOSS OR DAMAGE AND ACTION TAKEN IMMEDIATELY AFTER KNOWLEDGE OF CASUALTY.**

- a) If caused through accident state exactly when and where it happened?

- b) Give particulars of any third party involved (ie name, address and registered number of vehicle)

- c) Names and addresses of any independent witnesses

- d) State if accident reported to police and if so, where. If loss due to theft, full details must be reported to the nearest police station (Include name of Station and Officer)

IMPORTANT

The following documents must accompany this form:

- i. Consignor's copy of carriers' Consignment Note (both sides).
- ii. Consignee's copy of Consignment/Delivery Note.
- iii. Copy of Consignor's Invoice or Account.

A detailed statement from the driver should also be attached. The driver may be required for interview.

ADDITIONAL QUESTIONS FOR CARRIERS AND CARTAGE CONTRACTORS ONLY

- 10. Name and address of Consignor(s) _____
- 11. Were the Goods carried in your own Vehicle? _____
- 12. Did Driver personally tally Consignment on to Vehicle? _____ If not, by whom was the load tallied?

- 13. How were the goods secured and protected on the Vehicle? - Chains, ropes, blocks, pallets, tarps etc?

- 14. Did you carry these goods as a Principal or Sub-Contractor? _____
- 15. If as Sub-Contractor, were you charged Insurance Premium? _____
- 16. Do owners of goods have their own insurance on the Consignment? _____ If so, with what Company?

- 17. Has a claim been made against you? _____ If so, attach all documents.
- 18. Do you support the payment of this claim? _____ Please give reasons _____

I hereby declare that my answers to the foregoing questions and particulars are to the best of my knowledge and belief true and correct.

Date : _____

Signed: _____

Position: _____