

marine cargo and transit claim form



Lumley General Insurance Limited, ABN 24 000 036 279, Lumley House Level 9, 309 Kent Street, Sydney 2000 Ph: (02) 9248 1111 Fax: (02) 9248 1122

Claim No.

1. Client Details

Name of insured

Postal address

Postcode

Phone number (w)

Phone number (h)

Mobile

2. Policy Details

Policy No.

Certificate No.

Sum insured

Excess

3. Incident Details

Name of Vessel/Air Carrier/Road Carrier

Voyage or journey

From	To
------	----

Full description of loss or damage

Date of loss (dd/mm/yyyy)

Estimate value of loss

Estimate salvage value of damaged goods

Date goods delivered to destination (dd/mm/yyyy)

Was delivery note qualified?

No Yes If yes, give details

Were the Police notified of any theft or non-delivery?

No Yes If yes, at which Police Station?

Where may the goods be inspected at?

Contact name

Telephone No.

Lumley General Insurance Limited

NSW	Lumley House, Level 9, 309 Kent Street, Sydney 2000 Suite 19, 50 Glebe Road, The Junction 2291
VIC	Level 3, 99 King Street, Melbourne 3000
ACT	Level 4, Perpetual Building, 10 Rudd Street, Canberra City 2601
TAS	27 Paterson Street, Launceston 7250
SA	465 Pulteney Street, Adelaide 5000
WA	50 St George's Terrace, Perth 6000
QLD	Level 2, 99 Melbourne Street, South Brisbane 4101 Level 5, Northtown Tower, Flinders Mall, Townsville 4810
NT	Level 2, Beagle House, 38 Mitchell Street, Darwin 0800

Phone (02) 9248 1111
Phone (02) 4925 7500
Phone (03) 8627 4333
Phone (02) 6279 0333
Phone (03) 6345 4700
Phone (08) 8228 1700
Phone (08) 9220 8222
Phone (07) 3307 4800
Phone (07) 4722 6000
Phone (08) 8946 4600

Fax (02) 9248 1122
Fax (02) 4940 0295
Fax (03) 8627 4312
Fax (02) 6279 0330
Fax (03) 6345 4711
Fax (08) 8228 1777
Fax (08) 9220 8251
Fax (07) 3307 4899
Fax (07) 4724 4398
Fax (08) 8946 4666

3. Goods and Services Tax (G.S.T.)

To ensure you do not incur any unnecessary GST liabilities on this claim please advise:

(a) Australian Business Number (ABN), if applicable

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

(b) Any entitlement to have to an Input Tax Credit in respect of the insurance premium

	%
--	---

4. Declaration

I hereby declare that the above answers and particulars are correct and shall be used as the basis of this claim.

Signature of claimant

--

Date (dd/mm/yyyy)

--

IMPORTANT INFORMATION - The following documents should accompany this form:

- ✓ Copy of claim on the carrier or their Agents and the reply
- ✓ For sea transit - Original Bill of Lading
For air transit - Original Air Waybill
For road transit - Full copy of signed Delivery Receipt
- ✓ Commercial Invoice