

MARINE CARGO CLAIM FORM

1 Important Notice

- Please read this Claim Form prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.
- Submission of any claim to LIU should not be withheld awaiting the carrier's response to a letter of demand.
- LIU reserve our right to obtain further documents in relation to this claim, if necessary.
- Please do not accept any offer of settlement or bank monies without first contacting LIU.
- You are reminded that under no circumstances should you admit any liability or make any offer of settlement.

2 Details of Insured

Name of Insured _____
Address _____
Policy No. _____ Email _____
Telephone No. _____ Fax No. _____
Input Tax Entitlements _____ ABN _____

3 Claim Details

Type of Packing FCL LCL Bulk Other
Agent/Forwarder _____ Vessel/Carrier _____
Consignment Note No. _____ Bill of Lading No. _____
Airway Bill No. _____ Consignee _____
Voyage From _____ Voyage To _____
Date of Departure _____ Date of Arrival _____
Description of Cargo _____

5 Documents

For faster processing of your claim please ensure that you have attached:-

1. a) Certificate of Insurance; or
b) Copy of monthly declaration.
2. a) Originals or non-negotiable copy of the front and reverse side of the Bill of Lading;
b) True copy of the Master Airway bill;
c) True copy of the House Airway bill; and/or
d) True copy of both sides of the consignment note.
3. a) Original invoice/s & Packing list/s; and/or
b) Original packing inventory for household goods and personal effects shipments.
c) Repair/Replacement Quote
4. a) True copy of Wharf Receipt
b) True copy of Delivery Docket: and/or
c) True copy of Weight Note at port of discharge/final destination.
5. Copy of letter of demand to:
a) Vessel Owners/Operators;
b) Air Carriers; or
c) Stevedores
6. Original survey report with colour photos, if any.

LIU reserve our right to obtain further documents in relation to this claim, if necessary.

6 Signature

I, (print name in full) _____

(position) _____

of the Insured and on behalf of the Insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date

Privacy Notice

Liberty International Underwriters (LIU) is a trading name of Liberty Mutual Insurance Company, which is a company incorporated in the U.S. It is a member of Boston-based Liberty Mutual Group (LMG). LIU Australia's head office contact details are:

Address: Locked Bag 18, Royal Exchange NSW 1225
Phone: +61 2 8298 5800

LIU is bound by the Privacy Act 1988 (Cth) and its associated Privacy Principles when it collects and handles your personal information.

LIU collects personal information, including from insurance brokers, in order to provide its services and products and for purposes ancillary to its business. LIU passes it to third parties involved in this process such as LIU's related companies, reinsurers, agents, loss adjusters and other service providers. They may include overseas organisations including LIU and LMG entities in the United States, Canada, UK, Singapore, Hong Kong and Malaysia. Your information may be transferred to countries without comparable privacy laws if it is reasonably necessary to provide you with the products or services you seek from LIU. If you do not provide the personal information LIU or other relevant third parties require to offer you specific products or services, LIU may not be able to provide the appropriate type or level of service.

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When you give LIU personal or sensitive information about other individuals, LIU relies on you to provide its Privacy Notice to them. If you have not done this, you must tell LIU before you provide the relevant data.