

## MARINE CARGO (GOODS IN TRANSIT) - CLAIM FORM

The Issue of this form is not an admission of Liability.

**IT IS IMPORTANT THAT A WRITTEN CLAIM BE MADE IMMEDIATELY ON THE SHIP OR CARRIER AS TIME BARS MAY APPLY**

JLT Contact/Ref:		Insurer:	
Policy No:		Excess:	

### THE ASSURED

Name of Insured:			
Postal Address:			
State:		Postcode:	
Contact Name:		Telephone No.:	
E-mail Address:		Facsimile No.:	

If more than one named insured is claiming for this loss, please answer this question for each insured on a separate page

a) Are you registered for GST purposes? (Tick box applicable)	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what is your Australian Business Number (ABN)?		
b) Have you claimed or are you entitled to claim an Input Tax Credit (ITC) on your monthly or quarterly Business Activity Statement to the Australian Taxation Office in respect to the GST paid on the insurance policy under which this claim is being made?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
If YES, what percentage of the GST did you claim or are you entitled to claim? (if the GST paid and your ITC entitlements are the same amount, the answer to this question is 100%)	%	

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser

### FOLLOWING CLAIM ACCEPTANCE BY YOUR INSURER, PLEASE ADVISE PREFERRED METHOD OF PAYMENT

<input type="checkbox"/> Cheque - If you selected Cheque, nominate payee			
<input type="checkbox"/> Direct Payment - If you have selected Direct Payment please supply the following information (alternatively supply a deposit slip noting the following information)			
Bank:		Account Name:	
Branch Number:		Account Number:	

### THE TRANSIT

Sender's Name:			
Sender's Address:			
Receiver's Name:			
Receiver's Address:			
Date Goods Shipped:		Arrival Date:	

**(N.B. The date that the goods were shipped is deemed to be the date of loss for insurance purposes)**

Goods Shipped From:				
Goods Shipped To:				
Goods Shipped By:	<input type="checkbox"/> BY SEA	<input type="checkbox"/> AIR	<input type="checkbox"/> RAIL	<input type="checkbox"/> ROAD
Name of Carrier:				
Invoice and Consignment / Bill of Lading Numbers				
Invoice Number:		C/Note B/Lading Number:		
<b>THE GOODS</b>				
Description of Goods:				
Value of Goods (as per the commercial invoice)			\$	
If you are registered for GST purposes, what percentage of the GST paid on the goods, if any, are you entitled to claim as an ITC (if the GST paid and your ITC entitlements are the same amount, the answer to this is 100%)				%
In whose ownership were the goods at the time the claim arose?				
On what basis were the goods sold (i.e., CIF, CFR (C&F), FOB)?				
<b>(N.B. Goods purchased on a "CIF" basis would be the seller's responsibility to insure)</b>				
Is any part of the goods insured elsewhere by yourself or the carrier?	<input type="checkbox"/> YES	<input type="checkbox"/> NO		
If Yes, Name of other Insurer:				
<b>THE LOSS</b>				
Reason for Claim, Details of Loss:				
<b>THE DAMAGE</b>				
Details of Damage (if applicable)				

**THE DAMAGE CONTINUED**

Amount of Claim (as per basis of settlement in policy – attach calculation)		\$	
Was the damage detected before the goods left the wharf?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If so, was the delivery docket noted to this effect?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Where can the goods be inspected:			
Contact Name:		Telephone No:	
If saleable in present condition, estimated sale value:		\$	

**DECLARATION**

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of insured or person with authority to sign for or on behalf of the insured:	
Date:	

**Please Note:**  
 The information contained on the completed claim form will be received by JLT for the purpose of lodging a claim with the relevant insurers and it should be noted that this information will be relied upon by the insurers when dealing with your claim. If you wish to know the identity of the insurers to whom the information will be passed or wish to contact those insurers, please contact us and we will provide you with the necessary details.

- The following documents are required (these can follow later if not yet available):**
- Copy of Claim on ship or carrier
  - Original ship’s or carrier’s reply
  - Copy of Bill of Lading or Consignment Note (including reverse side)
  - Copy of Commercial Invoice
  - Quotation for repairs
  - Any other relevant documentation

It is imperative that a claim be made, immediately, on the Carrier/Shipper to ensure that your rights of recovery are protected. Failure to do this could result in a claim under your policy being declined. If you receive any settlement offers, please do not accept them without first obtaining Insurers' consent.



## JLT COLLECTION STATEMENT

In accordance with the Privacy Act 1988 (and subsequent amendments), we, Jardine Lloyd Thompson Pty Ltd (and our subsidiaries and related entities) (JLT) draw your attention to the following:

- We may collect personal information about you by means of the enclosed document.
- We are collecting the information principally for the purpose of approaching the (re)insurance market, placing insurance, assessing and advising you on your insurance needs, claims handling or risk management (depending on your requirements). Other purposes include providing you with information about other JLT products or services and administering payments to you. If you are proposing for or renewing insurance, the information is required pursuant to your duty of disclosure under the Insurance Contracts Act 1984, the Marine Insurance Act 1909 or at common law.
- The information we collect may be disclosed to third parties including but not limited to (re)insurers, insurance intermediaries, service providers, finance providers, advisers, agents and JLT related Group companies.
- Your personal information may be sent to our administrative processing centres in Mumbai (India) or Kuala Lumpur (Malaysia) and to other JLT Group companies, insurers, reinsurers and other third party service providers (e.g. data storage providers) in the United Kingdom, Singapore, Hong Kong, the United States of America and elsewhere
- If you provide us with personal information about other individuals, you must ensure that those persons have been made aware of the above matters. Where the information collected relates to health, criminal record or other sensitive information as defined in the Privacy Act 1988, you must obtain it with the individual's consent. We will use and disclose your personal information in accordance with our Privacy Policy.
- Our Privacy Policy can be accessed on our website ([www.au.jlt.com](http://www.au.jlt.com)). For further information contact your account executive or the JLT Privacy Officer:

Jardine Lloyd Thompson Pty Ltd  
Level 37, 225 George, SYDNEY NSW 2000  
Telephone: (02) 9290 8000