

# Carriers Legal Liability Claim Form



All questions on this form must be clearly and fully answered, otherwise the processing of this claim may be delayed until the required information is supplied.

Where additional documents are requested, you must provide these for your claim to be considered.

If any question does not apply to the circumstances of your claim, you must mark the response "not applicable".

## The Insured

Name and address of Insured (i.e. the carrier) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name of the carrier's driver \_\_\_\_\_

Licence details \_\_\_\_\_

Were you the first actual carrier? **yes ~ no** (Please circle)

Was any part of the journey subcontracted? **yes ~ no**

If yes, please provide all actual carrier/driver details as above (attach a separate sheet if necessary) \_\_\_\_\_

## The Goods

What goods were being carried? \_\_\_\_\_

Name and address of consignor \_\_\_\_\_

Name and address of consignee \_\_\_\_\_

Did the consignor give special instructions regarding carrying the goods? **yes ~ no**

If yes, please provide details (attach a separate sheet if necessary) \_\_\_\_\_

## The Loss

What are the circumstances of the loss? (Please tell us as precisely as possible what happened) \_\_\_\_\_

What damage did the goods sustain? \_\_\_\_\_

Date/time of loss \_\_\_\_\_

Description of place/address where loss or damage occurred \_\_\_\_\_

When did you find out about the loss? Date / /

**Please attach any written notice of the claim against you (pro forma claim) including details of any Consequential Loss against you**

Where can we inspect the damaged goods? Address \_\_\_\_\_

Contact/ Phone \_\_\_\_\_

Estimated value of the consignment \$ \_\_\_\_\_ Estimated damage to the goods \$ \_\_\_\_\_

Estimated salvage value of the goods \$ \_\_\_\_\_

Did you incur any additional charges to clear up debris or on-forward goods to their intended destination? If so, what were the estimated amounts?

Debris removal charges \$ \_\_\_\_\_ On-forwarding charges \$ \_\_\_\_\_

How were the goods received for transit?  Full container load  Palletised  Cartons  Other \_\_\_\_\_

What action has been taken to minimise the loss? \_\_\_\_\_



## Other Information

If goods were not carried on Limited Carriers Risk terms, what terms applied to the transit?

Owners Risk or Declared Value or Declared Terms (delete where appropriate)

(Attach a copy of the contract for Declared Value or Declared Terms transits if applicable)

Did the driver sign a clean receipt on collecting the goods? **yes - no**

If no, why? \_\_\_\_\_

Did the consignee sign a clean receipt on delivery of the goods? **yes - no**

If no, why? (Attach copies of all receipts for the goods) \_\_\_\_\_

### If the carrying vehicle was involved in an accident:

Did the police attend? **yes - no** If yes, please attach contact details for the attending officer/station

Were there other vehicles involved? **yes - no** If yes, please attach contact details of other drivers/their insurers

### If the loss occurred in store, please provide:

Name and address of material damage insurer \_\_\_\_\_

Name and address of bailees liability insurer \_\_\_\_\_

### If livestock were involved:

How were animals received for transit? \_\_\_\_\_

How often were stock checked in transit? \_\_\_\_\_

When/where was death/injury discovered? \_\_\_\_\_

Have animals been disposed of? **yes - no**

If yes, how? \_\_\_\_\_

## Checklist

For your claim to be considered you MUST attach copies of ALL applicable documents:

- **Consignment Note**
- **Copy of invoice / proof of value / Commercial Sales Invoice**
- **Written notice of the claims against you (pro forma claim) from consignee**
- **Statement of claim (valued claim) from consignee**
- **Signed delivery receipt**
- **Copy of Police complaint acknowledgement**
- **Disposal Certificate**
- **Copy of any credit/salvage note**

## Declaration / Privacy Act 1993 / Insurance Claims Register

I/We declare that to the best of my/our knowledge and belief these particulars are complete and correct.

I/We:

- Agree that any instructions given by you for the repair or removal/disposal of the vessel will be taken as being given on my/our behalf
- Agree to give any further information that may be required
- Understand you require this personal information, which will be retained by you at 48 Shortland Street, Auckland before you can evaluate my/our claim
- Authorise the disclosure of this personal information regarding this claim to other parties
- Authorise the obtaining by you from any other party personal information about me/us that is, in your view, relevant to this claim
- Authorise the obtaining by you from Insurance Claims Register (ICR Ltd), which hold details of claims made by me/us under policies with other insurers, personal information about me/us that is, in your view, relevant to this claim.
- Authorise you to place details of this claim on the database of ICR Ltd, PO Box 474, Wellington, where it will be retained and be available to other insurance companies to inspect.
- Understand that I am/we are entitled to have certain rights of access to and correction of the personal information held by you and ICR Ltd
- Are fully authorised to complete and sign this claim on behalf of the person/s named in the proposal.

The collection of this information is required under the terms of your policy. Failure to provide it may result in your claim being denied.

Signature of Claimant \_\_\_\_\_

Date / /

Print Name \_\_\_\_\_

Position \_\_\_\_\_

Vero Marine Insurance, an operating division of Vero Insurance New Zealand Limited