

# Carriers Liability

Claim form

Lumley, a business division of IAG New Zealand Limited, Lumley Centre, 88 Shortland Street, PO Box 2426, Auckland 1140, New Zealand
Tel 09 308 1100 www.lumley.co.nz

Policy no:	The Insured:	
Postal address:  Contact phone number:  Details of loss or damage  I'me: ami/pm		
Details of loss or damage  Time:am/pm	· · · · · · · · · · · · · · · · · · ·	
Time: anr/pm   Date: / / Location:    Circumstances of the loss or damage	Contact phone number:	
Time: am/pm Date: / / Location:  Circumstances of the loss or damage  (a) Details of goods or stock lost or damaged  (b) Description: (ii) Number of packages, articles or animab: (iii) Were you transporting goods at Limited Carrier's Risk?  (iv) When or where were the goods or stock loaded? (b) Ush not where were the goods or stock loaded? (c) Who loaded the goods or stock onto the whicle? (d) Did the driver count or check the consignment?  (e) Was a clean receipt given at the time of loading? (f) Was a clean receipt given at the time of loading? (g) Was the load carried by any subcontractor employed by you?  (g) Was the load carried by any subcontractor employed by you?  (g) We details of the event giving rise to the loss or damage:  Have consignees accepted delivery?  Where can the goods be inspected?  Further particulars  Name and address of Consignors:  Particulars  Name of drive:  De you own the vehicle?  Ves No  Ves No  Ves No  Petails of vehicle carrying goods  Registration number of vehicle on which the goods or stock were being carried:  Name of drive:  Do you own the vehicle?  Ves No  Ve		
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Do you own the vehicle?		
		Yes No N
If <b>No</b> , state name and address of owner:		163 - 140 -

### **Amount of claim**

Value of goods or stock lost or damaged (list for each package or animal):	\$ 
Salvage (if any) deduct	\$
Less Excess under Policy	\$
Net amount of Claim	\$

#### **Notes**

The following documents supporting the claim must be produced:

- (a) Invoice or account in respect of loss or damage
- (b) Original consignment note or copy of same
- (c) Signed delivery note obtained upon delivery of goods or stock
- (d) Any other documents or correspondence received regarding this claim

Note carefully: Damaged articles must be retained for inspection if required.

# **Extracts from the Carriage of Goods Act 1979**

# **Contracting Party**

Contracting Party in relation to a contract of carriage, means the Consignor or (as the case may require) the consignee of the goods who enters or has entered into the contract with the contracting carrier.

### **Contracting Carrier**

Contracting Carrier in relation to a contract of carriage means the carrier who, whether as a principal or as the agent of any other carrier, enters or has entered into the contract with the contracting party.

### **Actual Carrier**

Actual Carrier in relation to the carriage of any goods, means every carrier who, at any material time, is or was in possession of the goods, or of any container, package, pallet, item, or baggage, or any other thing in or on which the goods are or were believed by him to be, for the purpose of performing the carriage or any stage of it or any incidental service; and includes the contracting carrier where he performs any part of the carriage.

# **Pursuant to the Privacy Act 1993**

The following is brought to your attention:

- (a) This claim form collects personal information about You;
- (b) The collection of this information is required pursuant to the terms of Your insurance policy;
- (c) The information is collected to evaluate Your claim;
- (d) The failure to provide this information may result in Your claim being declined;
- (e) The intended recipient of the information is Lumley;
- (f) Lumley may pass Your personal information on to Insurance Claims Register Limited ('ICR') for inclusion in the Insurance Claims Register, for general claims and underwriting purposes;
- (g) You acknowledge that any ICR participant may access this personal information by way of enquiry to the ICR.
- (h) You have the right of access to and correction of this information in accordance with the Privacy Act 1993

## **Declaration**

Note: Failure to provide full and truthful information could result in the claim being declined.

I/We agree that should there be any dispute over payment of this claim, the company shall be Lumley entitled to submit the dispute to arbitration.

I/We declare the information given in this form to be correct.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Lumley releasing to other parties personal information regard this claim.

Insured(s) signature:	Title:
Insured(s) signature:	Title:
Date: / /	