

Freight forwarders

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

Insured details

The Insured:	
Policy no:	Expiry date: / /
Postal address:	
Contact phone number:	Email:

Details of loss or damage

Time:	am/pm	Date:	/	/	Location:
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Circumstances of the loss or damage

(a) Details of goods or stock lost or damaged	
(i) Description:	
(ii) Number of packages, articles or animals:	
(b) When or where were the goods or stock loaded?	
(c) Was a clean receipt given at the time of loading?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(d) Was a clean receipt received at the time of delivery?	Yes <input type="checkbox"/> No <input type="checkbox"/>
(e) Was the load carried by any subcontractor employed by you?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Give details of the event giving rise to the loss or damage:	
Where can the goods be inspected?	

Further particulars

Name and address of Consignors:	
Name and address of Consignees:	
Was the loss due to theft or pilferage?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If Yes , please provide copy of police complaint acknowledgement form. Date reported: / /	

Carrier details

Who was the carrier?	
Have you lodged a claim on the carrier?	Yes <input type="checkbox"/> No <input type="checkbox"/>

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	\$

Required documentation

The following documents supporting the claim must be produced:

- (a) House bill of lading/house air waybill/consignment note
- (b) Packing list or inventory
- (c) Supplier's or certified invoice
- (d) Pre-shipment report
- (e) Your customers pro-forma claim on you
- (f) Your pro-forma claim on the carrier.

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

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 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: / /