



## *Marine/Inland Transit Claim Form*

### **YOUR PRIVACY**

- We collect personal information about you (including the information you provide in this Marine / Inland Transit Claim Form) to enable us to assess your claim and related purposes. We will, where relevant, disclose your personal information (*other than sensitive information, such as information about your health*) to your adviser (and any licensee or broker he or she represents), to our service providers (including loss adjusters, investigators and solicitors) and other businesses we work with for this purpose. In some cases, we may need to share your information with our related companies overseas, including our head office in Japan.
- Where relevant, to assess your claim we will also disclose personal information collected from you, including sensitive information about you (such as information about your health), to medical practitioners, other health professionals, reinsurers, legal representatives and other consultants we use to help us assess your claim. **By signing this Marine / Inland Transit Claim Form, you consent to those organisations and other professionals collecting, and us disclosing, sensitive information about you for this purpose.**
- A list of the type of our service providers, key business alliances and the consultants we commonly use is available on request.
- If you do not provide the requested information or consent to its collection and disclosure as described above, the assessment of your claim may be delayed or we may not be able to assess your claim.
- We may also disclose personal information about you where we are required or permitted to do so by law.
- In most cases, on request, we will give you access to the personal information we hold about you. Where we are unable to grant you access, we will tell you why.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, or write to 'The Privacy Officer' at Tokio Marine & Nichido Fire Insurance Co Ltd, GPO Box 4616, Sydney, NSW, 2001. Please provide details of your policy number/s and/or claim number where known.



**PLEASE USE CAPITALS TO FILL IN CLAIM FORM**

## Marine/Inland Transit Claim Form

THE COMPANY DOES NOT ADMIT LIABILITY BY THE ISSUE OF THIS FORM.  
IT IS ISSUED TO ENABLE THE INSURED TO LODGE A WRITTEN STATEMENT OF CLAIM

Please fill in all relevant sections and sign the declaration on page 4

Policy Number	<input type="text"/>	Expiry Date	<input type="text"/>
Name of Insured	<input type="text"/>		
Postal Address	<input type="text"/>		
	<input type="text"/>	Postcode	<input type="text"/>
Phone No	<input type="text"/>	Mobile Number	<input type="text"/>
Fax No	<input type="text"/>		
Email Address	<input type="text"/>		

Goods and Services Tax – to ensure you do not incur any unnecessary GST liability on this claim, please advise your:

ABN	<input type="text"/>	Entitlement to ITC in respect of	<table border="1"> <tr> <td>Premium</td> <td>%</td> </tr> <tr> <td>Claim</td> <td>%</td> </tr> </table>	Premium	%	Claim	%
Premium	%						
Claim	%						

### Claim Details

Agent/Forwarder	<input type="text"/>	Vessel/Carrier	<input type="text"/>
Consignment Note No.	<input type="text"/>	Bill of Lading No	<input type="text"/>
		Airway Bill No	<input type="text"/>
Consignee	<input type="text"/>		
Voyage From	<input type="text"/>	Voyage To	<input type="text"/>
Date of Departure	<input type="text"/>	Date of Arrival	<input type="text"/>
Description of Cargo	<input type="text"/>		
Cause of Loss/Damage	<input type="text"/>		
Date of Loss	<input type="text"/>	Where did Loss/Damage Occurred?	<input type="text"/>

**Nature of Receipt Issued (ie Clean or Qualified)**

Ex Wharf

Into Final Store/Premises

Has a formal claim been submitted against the shipowners/agents &/or carriers?

Yes

No

If Loss/Damage was discovered ex wharf, has a ship's survey been requested?

Yes

No

Where can the damaged cargo be inspected?

Claim Estimate

\$

**IMPORTANT - IN SUPPORT OF THIS CLAIM, PLEASE ATTACH THE FOLLOWING DOCUMENTS (WHERE APPLICABLE).**

- ORIGINAL OR CERTIFIED COPY OF BILL OF LADING &/OR CONSIGNMENT NOTE.
- ORIGINAL SUPPLIER'S INVOICE/S, INCLUDING PACKING LIST/S.
- COPY OF CLAIM LETTER ON CARRIER AND THEIR REPLY.
- COPY OF DELIVERY DOCKET/S &/OR RECEIPT/S.
- REPAIR &/OR REPLACEMENT INVOICE/S.
- ORIGINAL INSURANCE POLICY (APPLICABLE TO TOTAL LOSS ONLY).
- SURVEY OR OTHER DOCUMENTS SUBSTANTIATING EXTENT OF LOSS/DAMAGE.
- PHOTOGRAPH OF DAMAGED CARGO.

**Declaration – Read carefully before signing**

I/We declare that all the particulars stated above and statements made in support thereof are true and correct, that no information relevant to this claim has been withheld, that no other person(s) have an interest of any kind in the said property and that all conditions and stipulations of the policy have been complied with.

I/We hereby claim from the Company in respect of the said loss, damage or accident and declare that the amount claimed above is based on a true value at the time of loss.

Signature

Date

Tokio Marine and Nichido Fire Insurance Co., Ltd. is a member of the insurance industry's impartial Financial Ombudsman Service. This independent service is provided to the insuring public at no cost and aims to resolve claims complaints quickly and informally.

You should first take your complaint up with our local manager. In most cases the problem will be resolved easily.

If you are not satisfied with the outcome, you may contact the Financial Ombudsman Service in your state for advice and assistance in resolving your claim. The telephone number is 1300 780 808. Website: [www.fos.org.au](http://www.fos.org.au)

**Schedule of Property**

Description of Lost/Damaged Property (state each article/item separately)	Year Purchased or Acquired	Purchased From	Present cost of Repair/Replacement	Amount claimed
			<b>Total Amount Claimed \$</b>	