



Managing Agent and Corporate Authorised Representative (AR 1313066) in Australia:

Tokio Marine Management (Australasia) Pty Ltd
ABN 69 001 488 455

Level 17, 60 Margaret Street, Sydney NSW 2000 GPO Box 4616, Sydney NSW 2001 Tel. (02) 9225 7500 Fax. (02) 9232 6374

https://www.tokiomarine.com.au Email: marineclaims@tokiomarine.com.au

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.
- This Privacy Statement should be read in conjunction with our Privacy Policy. A full copy of our Privacy Policy can be located on our website at www.tokiomarine.com.au, or available upon request by contacting our Privacy Officer at the details contained below in this Statement.
- If you would like to find out more about our information handling practices, you can contact us by telephone on 02 9232 2833, email us at privacy@tokiomarine.com.au 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.



Tokio Marine & Nichido Fire Insurance Co., Ltd.

ABN 80 000 438 291

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Please note that you will require Adobe Acrobat to complete this form on your device/computer/laptop

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 relevan	t sections and sign the declaration on page 4	
Policy Number	Expiry Date	ı
Name of Insured		
Insured Address	Postcode	
Contact Person		
Contact Person Phone	Mobile Number	
Fax No		
Contact Person Email		
Goods and Services Ta	x – to ensure you do not incur any unnecessary GST liability on this claim, please	advise your:
ABN	Entitlement to ITC in respect of	Premium % Claim %
Claim Details		
Agent/Forwarder	Vessel/Carrier	
Consignment Note No.	Airway Bill No	
Bill of Lading No		
Consignee		
Voyage From	Voyage To	
Date of Departure	Date of Arrival	
Description of Cargo		
Cause of Loss/Damage		
Date of Loss	Where did Loss/ Damage Occur?	

Ex Wharf Into Final Store/Premises

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

Yes
No

details below

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

Yes
No

If yes, please provide details below

Address where damaged cargo be inspected?

Claim Estimate \$

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

- ORIGINAL OR COPY OF BILL OF LADING &/OR CONSIGNMENT NOTE.
- ORIGINAL OR COPY OF 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 OR COPY OF THE INSURANCE POLICY.
- 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 is a participant in the General Insurance Code of Practice as administered by Australian Financial Complaints Authority (AFCA), formerly known as the Financial Ombudsman Service (FOS).

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 Australian Financial Complaints Authority (AFCA) for advice and assistance in resolving your claim. The telephone number is 1800 931 678. Website: www.afca.org.au

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Description of Lost/Damaged Property (state each article/item separately)	Year Purchased or Acquired	Purchased From	Present cost of Repair/Replacement	Amount claimed

Total Amount Claimed S