CARGO INSURANCE

CLAIM FORM
NEW ZEALAND MARKET

The supply or acceptance of this form is not an admission of liability on the part of AM&T New Zealand.

To assist us to quickly process your claim please include (where applicable) the following documents:

- Copy of consignment note/ bill of lading/ delivery note including terms and conditions on reverse
- Copy of letter of demand sent to the carrier/ shipper
- Repair quote if goods are repairable
- Copy of commercial invoice for goods while in transit
- Packing slip
- Pictures of the damage

Once completed this form and attachments can either be scanned and sent by email to marine@allianz.co.nz or posted to the address shown below.

Insured's Details

Name of insured _____

Contact person _____

Telephone no. Home ( ) _____ Work ( ) _____ Mobile no. _____

Email _____

Postal address _____

_____ Postcode _____

Policy no. _____

Should a survey be required, our appointed surveyor will contact the person shown above, unless you advise an alternative contact.

GST

Are you registered for GST purposes? ☐ Yes ☐ No

GST number _____

Settlement Details

Where applicable Allianz Australia Insurance Ltd will settle directly in your bank account once the liability for this claim is agreed.

Please provide your banking details

Bank _____

SWIFT/BIC Code _____

Account name _____

Account no. _____

If you require settlement by cheque please tick here ☐

Transit Details

Name of carrier _____

Mode of transport _____

Date of despatch ___/___/___ Date of arrival ___/___/___

Voyage from _____ Voyage to _____

Consignee name _____

Address _____

_____ Postcode _____

CLM065NZ 02/19

AM&T
A Company of Allianz

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Cargo Loss Details

Date of incident ____/____/____

State in detail the nature of the loss/destruction/damage _____

_____

_____

_____

_____

Goods Lost/Damaged/Stolen or Destroyed (if insufficient space, please attach separate list)

List of Goods Lost/Damaged/Stolen or Destroyed	Amount Claimed
	$
	$
	$
	$
	$
	$

How were the goods packed or protected? _____

Where can the goods be inspected? _____

Please confirm that you have written to the shipping company/carrier holding them responsible for the loss (Kindly attach copy of this correspondence) ☐ Yes ☐ No

Privacy Notice

The Privacy Act 1993 requires us to tell you that as an insurer we collect your personal and sensitive information in order to calculate your loss and entitlements, determine our liability, compile data and handle claims. When handling claims, we may have to disclose your personal and other information to third parties such as other insurers, reinsurers, loss adjusters, external claims data collectors, investigators and agents or other parties as required by law.

The information is being collected and held by Allianz Australia Insurance Limited at our registered office at Level 11, Tower 1, 205 Queen Street, Auckland, NZ 1010 as well as AM&T, Level 12, 80 Mount Street, North Sydney NSW, Australia 2060.

You have the right to seek access to your personal information and to correct it at any time. Please contact us on 0800 500 115 8.30am-5pm, Monday to Friday and advise us of the changes.

Internal Dispute Resolution Statement

Disputes are not an everyday occurrence at Allianz. However we do provide an internal dispute resolution process should any dispute arise. Please feel free to ask for details. If you are not satisfied with the outcome of this process, we will advise you how to contact our approved external independent dispute resolution scheme (subject to eligibility).

Declaration

I/We certify that the information given in this form is truthful, accurate and complete. No information likely to affect this claim has been withheld. I/We understand that this claim may be refused if information is untrue, inaccurate or concealed. I/We acknowledge that I/we have read and understood the privacy information referred to above and consent to the collection, storage, use and disclosure of personal and sensitive information of all persons affected by this claim, with their approval. I/We acknowledge that if I/we do not agree to the collection of this personal and sensitive information then Allianz will be unable to process my/our claim.

Signature of Insured _____ Date ____/____/____

Position _____