

Comprehensive Combined Carriers

Important Notice

Please read this claim form prior to answering the questions.

ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.

Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

Liberty reserve our right to obtain further documents in relation to this claim, if necessary.

Please do not accept any offer of settlement or bank monies without first contacting Liberty.

You are reminded that under no circumstances should you admit any liability or make any offer of settlement.

Fast track claims

Any claims estimated to be less than or equal to AU\$25,000 may be eligible for fast tracking. We aim to settle fast-track claims in less than 72 hours, although some settlements may take longer, depending on the circumstances and the information we need.

To make a fast track claim, you will need to supply **all** of the following:

- a. a consignment note or similar document evidencing receipt of the consignment
- b. the Standard Trading Terms & Conditions of Carriage – if you undertook the transit under another company's standard Terms and Conditions of Carriage, those terms and conditions should be provided to Liberty
- c. any photos
- d. the Letter of Demand from the third party including documentation to substantiate the loss including quote/invoice for the damaged portion of the consignment. Also include your response (if any).
- e. if relevant, your letter holding a third party responsible (or your views on why such a third party might be responsible so that Liberty can investigate further)
- f. the original commercial invoice for the consignment.
- g. police report number

Please note: Settlement may be delayed if the above documents are not provided at the time of the initial claims notification, or if we need more information to review your claim.

Claim form



1. DETAILS OF INSURED

Policy no.

Name of insured

Address of insured

Are you registered for GST purposes?

Yes

No

What is your ABN?

Have you claimed or do you intend to claim an input tax credit on the GST applicable to this policy?

Yes

No

Is the amount of any input tax credit you have claimed (or intend to claim) less than 100% of the GST that was applied to your policy premium?

Yes

No

If yes, specify the percentage amount claimed or intended to be claimed

%

2. CLAIM DETAILS

Date of loss

Consignor

Consignee

Transit from

Transit to

Description of cargo/goods

Cause of loss/damage

Where did loss occur?

Where can the goods be inspected?

Have you reported the loss to police?

Yes

No

If yes give date of notification and the Police Report number

Has a claim been made against you?

Yes

No

Have you denied liability verbally or in writing?

Yes

No

If yes, by whom?

Claim form



5. BANK DETAILS

Please provide your account details below to ensure a prompt settlement if your claim is accepted.

Account name

Bank name

BSB number

Account number

Overseas payment

Bank name

Bank physical address

Swift code/IBAN/BIC or sort code

6. IMPORTANT POINTS TO CONSIDER THAT MAY INFLUENCE A CLAIM

If you provided this transit service under another transport company's Terms and Conditions of Carriage i.e. acted as a sub-contractor:

- | | | |
|--|-----|----|
| a. Were you provided with a copy of the main contractor's Terms and Conditions of Carriage? | Yes | No |
| b. Do the main contractor's Terms and Conditions of Carriage indemnify/protect you for any loss/damage caused? | Yes | No |
| c. Has the main contractor denied liability in respect of the damage to the cargo in question? | Yes | No |
| d. Who is making the claim against you? | | |
| e. You have already agreed with the customer to settle the claim | Yes | No |

If the responses are yes, to a, b or c, please contact your broker and Liberty immediately to discuss next possible steps to deal with such circumstances.

7. SIGNATURE

I, (print name in full)

(position)

of the insured and on behalf of the insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date

Claim form



Privacy Notice

Liberty Mutual Insurance Company, Australia Branch (ABN 61 086 083 605) incorporated in Massachusetts, USA (the liability of members is limited) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about another individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong, Singapore and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Australia Privacy Policy](#).