



4. The insured goods were in transit

From

To

5. Where are the goods now?

**Section 3 – Details of loss or damage**

1. Please state the cause of loss or damage

2. Who first noticed the loss or damage and when (date)?

3. Was delivery taken at the wharf / airport?

No

Yes

4. Were details of the loss or damage noted at time of delivery?

No

Yes

5. Have you written to the shipping company / carrier holding them responsible? (If not, please do so)

No

Yes

6. Was the shipping company or carrier requested to carry out a survey?

No

Yes

If yes, survey was conducted on (date)

**Section 4 – Details of goods lost, damaged, destroyed or stolen**

1. List the goods lost, damaged, destroyed or stolen

If lost, stolen or destroyed, what is the invoice value or value declared for insurance?

If damaged, what is the estimated repair cost?

<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
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**Total Amount Claimed**

\$ <input type="text"/>
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Will you be claiming a 100% input tax credit for the replacement / repairs?

No

Yes

If no, what percentage input tax credit will you be claiming?

 %

## Section 5 – Important notice

1. Please attach the following documents where applicable:-

- |   |  |
|---|--|
| <input type="checkbox"/> Original policy / certificate of insurance (not required if the policy is an annual policy issued by Vero National Marine) | <input type="checkbox"/> Copy of shipping company / carriers reply when available            |
| <input type="checkbox"/> Suppliers invoice  | <input type="checkbox"/> Copy of claim on shipping company or carrier                        |
| <input type="checkbox"/> Packing / weight / inventory list  | <input type="checkbox"/> Quotation for replacement / repairs                                 |
| <input type="checkbox"/> Original bill of lading / airway bill / consignment note (including reverse side)  | <input type="checkbox"/> Copy of outturn report issued by shipping company / customs etc     |
| <input type="checkbox"/> Customers entry form   | <input type="checkbox"/> Receipted replacement / repair account                              |
| <input type="checkbox"/> Freight invoice  | <input type="checkbox"/> Police report   |
| <input type="checkbox"/> Copy noting loss / damage  | <input type="checkbox"/> Any other documents that will assist us in understanding your claim |

## Section 6 – Privacy statement

The Privacy Act 1988 (as amended) now applies and requires us to inform you that:

### Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of: providing insurance services to you, including to evaluate your application, to evaluate any request for a change to any insurance provided; to provide, administer and manage the insurance services following acceptance of an application; to investigate and, if covered, manage claims made in relation to any insurance you have with us or other members of the group of companies to which we belong.

The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose. However for sensitive information, the secondary purpose must be directly related to the purposes listed above.

### Disclosure

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: other members of the group of companies to which we belong; your insurance broker or our agent, Government bodies, loss assessors, claim investigators, reinsurers, other insurance companies, mailing houses, claims reference providers, other service providers, hospitals, medical and health professionals, legal and other professional advisers.

### Consequences if information is not provided

If you do not provide us with the information we need we will be unable to evaluate your claim and if you are covered, to manage that claim.

### Access

You can request access to the personal information by contacting us.

This Privacy Statement is issued by

Vero Insurance Limited, GPO Box 3999, Sydney NSW 2001.

### For personal claimants

I consent to:

- ▼ the use of personal information about me for the purposes shown in the Privacy Statement, and
- ▼ the disclosure of personal information about me to, and obtaining personal information from, other parties, including those shown in the Privacy Statement, for any of these purposes.

### For all claimants

If I have disclosed personal information about any other person, I confirm that I am authorised to:

- ▼ disclose to you personal information about that person and to consent to its use for the purposes shown in the Privacy Statement, and
- ▼ consent to disclosure to, and obtaining of other personal information about that person from, other parties including those shown in the Privacy Statement, for any of these purposes.

## Section 7 – Code of practice

We have adopted the General Insurance Code of Practice. Please contact us for more information if required.

**Section 8 – Declaration**

I/We declare all the above details are true in every respect to the best of my/our knowledge and belief.

Signature of Insured(s) / Claimant(s)

Date

Date

**To enable us to promptly deal with your claim, please submit this claim form and available supporting documents as soon as possible. Further documentation, such as the Carrier's reply, should be sent to us when they become available.**

**Please forward the completed claim form and applicable documents to:**

Vero Marine Claims Centre  
GPO Box 3999  
Sydney NSW 2001  
Priority Call 1300 664 201  
Facsimile 02 8121 0949  
Email [claims@vero.com.au](mailto:claims@vero.com.au)