

PRIVACY INFORMATION

To ensure We are able to consider Your application for insurance cover, administer Your policy or manage any claim that may arise under Your policy, We need to collect important information. Information you provide in this questionnaire will be confidential and will be treated in accordance with the NTI Privacy Policy available at www.nti.com.au.

WHAT HAPPENS NOW?

- Please complete this Claim Form and contact your broker / agent or nearest NTI branch. Branch details are available at www.nti.com.au.
OR
- Contact NTI Accident Assist on 1800 684 669 to make a claim over the phone.

WHAT CAN YOU EXPECT?

- As soon as Your Claim has been reported to Us, We will contact you as soon as possible to obtain further information and assess Your claim.
- A fully trained and experienced claims handler will be appointed to manage Your claim.

IS SOMEONE MAKING THIS CLAIM AGAINST YOU?

- Please complete this Claim Form and return it to your nearest NTI branch together with all the correspondence received from the other party.
OR
- Contact your nearest NTI branch for advice.

WHAT ABOUT MY EXCESS?

(Please note: ALL CLAIMS SUBMITTED REQUIRE EXCESS PAYMENT REGARDLESS OF FAULT)

- If it is determined by NTI that the accident was not your fault, NTI will try to recover your insurance excess from the other party. Naturally, NTI cannot guarantee that this action will be successful.

NOTE:

- The issue of this Claim Form is not an admission of liability on Our part.
- All questions must be fully answered in either black or blue pen, or typed.
- Please print clearly and tick boxes appropriately to indicate 'Yes' or 'No' answers.
- Please continue on a separate sheet of paper if necessary.

THE INSURED (To be completed by the insured)

Name(s) of insured in full:

Address: Postcode:

Phone number: Mobile:

Email address:

Are you a GST registered company? **Yes** **No** ABN:

Will you claim 100% input tax credit in your insurance premium? **Yes** **No**

If **no**, what percentage will you be claiming? %

DRIVER OR PERSON IN CHARGE OF THE VEHICLE

Surname: Given name(s):

Address: Postcode:

Phone number: Mobile:

Date of birth: Age:
Driver's licence no.: Class: State of issue: Expiry date: / /

A PHOTOCOPY OF BOTH SIDES OF LICENCE AND LOG BOOK (WHERE APPLICABLE) MUST BE ATTACHED

Relationship of driver to the insured (employee, subcontractor, relative, etc):

Was the vehicle driven with the insured's consent? **Yes** **No**

If **no**, please provide details:

Was the freight being handled or controlled with the insured's consent? **Yes** **No**

If **no**, please provide details:

Was any intoxicating liquor or drugs (including prescription drugs) consumed in the 12 hours preceding the accident or transit journey?

Yes **No**

If **yes**, please provide details:

Did the driver or person in control of the freight undergo a breathalyser / blood test? **Yes** **No**

Breathalyser: **Yes** **No**

Blood test: **Yes** **No**

If **yes**, the result: If **yes**, the result:

VEHICLE INFORMATION

PRIME VEHICLE (if involved)

Year: Make: Model:

Body Type: Colour: Vehicle ID (VIN/Chassis):

Engine no.: Registration no.:

Expiry date: / / Date purchased: / /

CTP insurer and policy no.: Name of vehicle owner:

TRAILER (if involved)

Year: Make: Model:

Body Type: Colour: Vehicle ID (VIN/Chassis):

Engine no.: Registration no.:

Expiry date: / / Date purchased: / /

CTP insurer and policy no.: Name of trailer owner:

TRANSIT AND INCIDENT DETAILS

Date and time of transit:

Departure date: / / Expected date of arrival at destination: / /

Departure date: / / Expected date of arrival at destination: / /

Freight in transit from (Please provide town and state):

Freight transit to (Please provide town and state):

Where is the freight now? Please provide details of depot / storage facility, town name and state:

Please provide contact name and phone number at location:

FREIGHT OWNER(S) CLAIMANT(S) DETAILS

Name:

Address: Postcode:

Phone number: Mobile:

Were there any other carriers responsible for moving the freight? **Yes** **No**

If **yes**, please provide name and address of other carrier(s):

Is there any freight or debris still at the accident site? **Yes** **No**

Where did the damage / loss occur in respect to your base of operations? **Inbound** **Outbound**

Distance from your base of operations to the accident scene:

Distance from your base of operations to the intended destination:

If your vehicle was towed, do you consider the tow operator being responsible for any part of the freight damage? **Yes** **No**

If **yes**, please provide details including towing vehicle's registration no. and owner name and details:

Is police action pending? **Yes** **No**

Were there any witness(es) to the incident? **Yes** **No**

If **yes**, please provide contact details of witness(es):

Were there any other prime movers responsible for moving the freight? **Yes** **No**

If **yes**, please provide contact details:

CONSIGNMENT NOTES / TERMS AND CONDITIONS

Were you a subcontractor or principal carrier?

Subcontractor (Please complete **Part A** only)

Principal / Sole carrier (Please complete **Part B** only)

GO TO RELEVANT SECTION

PART A: SUBCONTRACTORS

Did you issue a consignment note for this carriage? If **yes**, please provide a copy (front and back). **Yes** **No**

Did you issue a consignment note or trading terms and conditions to the principal carrier on a prior occasion(s) to this carriage?
(If **yes**, please provide a copy (front and back) and advise date of issue and copies of correspondence evidencing such issue).

Yes **No**

Did the principal carrier issue a consignment note or trading terms or conditions to the owner of the freight? **Yes** **No**

PART B: PRINCIPAL / SOLE CARRIER

Did you issue a consignment note for this carriage? If **yes**, please provide a copy (front and back). **Yes** **No**

Did you issue a consignment note or trading terms and conditions to the principal carrier on a prior occasion(s) to this carriage?
If **yes**, please provide a copy (front and back) and advise date of issue and copies of correspondence evidencing such issue.

Yes **No**

DETAILS OF OTHER VEHICLES / PERSONS INVOLVED (Attach separate list if more than one vehicle / person)

Year: Make: Model: Body Type:

Colour: Vehicle ID (VIN/Chassis) Engine no.: Registration no.:

OWNER DETAILS

Driver details (if different from owner):

The insurer's name: Policy no.:

DETAILS OF CARGO LOSS AND CLAIMS MADE

Please state the cause of damage or loss:

Please state the exact location where the loss or damage occurred:

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

Was there any pre-existing damage to the freight? **Yes** **No**

If **yes**, please provide details:

Is there any other party who could be held responsible for this loss or the cause of the loss? **Yes** **No**

If **yes**, please provide details of the other party / parties:

Were the police notified? **Yes** **No**

If **yes**, please provide event number, OIC and station:

Weight of load / truck cargo allowed to be carried:

THIS SECTION ONLY TO BE COMPLETED IF A MARINE CARGO CLAIM IS MADE AGAINST YOU

FREIGHT DESCRIPTION	QUANTITY	INVOICE OR INSURED VALUE	TOTAL INVOICE VALUE	ESTIMATED REPAIR COST
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>	\$ <input type="text"/>

CHECKLIST OF IMPORTANT DOCUMENTS TO BE SUPPLIED TO NTI

Please tick:

1. Copy of consignment note including terms and conditions on reverse side.
2. Packing list / inventory / document manifest.
3. Quotation for replacement / repairs / reconditioning of freight or items claimed.
4. Log book.
5. Licence (front and back).
6. Invoices for purchases or sale of goods.
7. Driver statement signed and dated (What happened? Where? Cause and why? Comment on cargo loss damage and salvage).
8. Delivery receipts / documents (obtained during various parts of transit journey).
9. Specific instructions or agreements relating to the freight handling, transit, delivery, etc.
10. ALL different terms and conditions of carriage / storage / cargo issued (if more than one subcontractor / principal).
11. Copy of non-delivery / shortage receipt / credit notes if applicable.
12. Copy of temperature records if applicable.
13. Weight certificates or other evidence of type and state of goods prior to / at commencement of carriage.
14. Survey report on freight (prior or post transit).
15. Any other documentation that you think may assist us in understanding or defending your claim against another party.

DECLARATION

My / Our answers to the questions and statements in this Claim Form are to the best of my knowledge and I / We have not withheld any information likely to affect consideration of this claim. Where such answers are not in My / Our own handwriting and relate to the accident details, they have been checked by Me and certified as correct.

Driver's Signature:

Date:

/ /

Insured's Signature(s):

Date:

/ /

Insurance products are provided by National Transport Insurance, a joint venture of the insurers Insurance Australia Limited trading as CGU Insurance ABN 11 000 016 722 AFSL 227681 and AAI Limited Trading as Vero Insurance ABN 48 005 297 807 AFSL 230859 each holding a 50% share. National Transport Insurance is administered on behalf of the insurers by its manager NTI Limited ABN 84 000 746 109 AFSL 237246.

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