

Insured details

The Insured: _____
Policy no: _____ **Expiry date:** / / _____
Postal address: _____
Contact phone number: _____

Details of loss or damage

Time: _____ **am/pm** **Date:** / / **Location:** _____

Circumstances of the loss or damage

(a) Details of goods or stock lost or damaged
 (i) Description: _____
 (ii) Number of packages, articles or animals: _____
 (iii) Were you transporting goods at 'Limited Carrier's Risk'? Yes No
 If **No**, please advise terms of carriage: _____
 (b) When or where were the goods or stock loaded? _____
 (c) Who loaded the goods or stock onto the vehicle? _____
 (d) Did the driver count or check the consignment? Yes No
 If **Yes**, were quantities correct and in good order? Yes No
 (e) Was a clean receipt given at the time of loading? Yes No
 (f) Was a clean receipt received at the time of delivery? Yes No
 (g) Was the load carried by any subcontractor employed by you? Yes No
 Give details of the event giving rise to the loss or damage:

 Have consignees accepted delivery? Yes No
 Where can the goods be inspected? _____

Further particulars

Name and address of Consignors: _____
 Name and address of Consignees: _____
 Does the loss or damage arise out of a household furniture removal? Yes No
 Was the loss due to theft or pilferage? Yes No
 If **Yes**, please provide copy of police complaint acknowledgement form. Date reported: / / _____

Details of vehicle carrying goods

Registration number of vehicle on which the goods or stock were being carried: _____
 Name of driver: _____
 Do you own the vehicle? Yes No
 If **No**, state name and address of owner:



Amount of claim

Value of goods or stock lost or damaged (list for each package or animal):	\$
Salvage (if any) deduct	\$
Less Excess under Policy	\$
Net amount of Claim	\$

Notes

The following documents supporting the claim must be produced:

- (a) Invoice or account in respect of loss or damage
- (b) Original consignment note or copy of same
- (c) **Signed delivery note** obtained upon delivery of goods or stock
- (d) Any other documents or correspondence received regarding this claim

Note carefully: Damaged articles must be retained for inspection if required.

Extracts from the Carriage of Goods Act 1979

Contracting Party

Contracting Party in relation to a contract of carriage, means the Consignor or (as the case may require) the consignee of the goods who enters or has entered into the contract with the contracting carrier.

Contracting Carrier

Contracting Carrier in relation to a contract of carriage means the carrier who, whether as a principal or as the agent of any other carrier, enters or has entered into the contract with the contracting party.

Actual Carrier

Actual Carrier in relation to the carriage of any goods, means every carrier who, at any material time, is or was in possession of the goods, or of any container, package, pallet, item, or baggage, or any other thing in or on which the goods are or were believed by him to be, for the purpose of performing the carriage or any stage of it or any incidental service; and includes the contracting carrier where he performs any part of the carriage.

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is Lumley General Insurance (N.Z.) Limited;
- (d) The information is being collected and held by Lumley General Insurance (N.Z.) Limited, PO Box 2426, Auckland.
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to and correction of this information, subject to the provisions of the Privacy Act 1993.

Declaration

Note: Failure to provide full and truthful information could result in the claim being declined.

I/We agree that should there be any dispute over payment of this claim, the company shall be entitled to submit the dispute to arbitration.

I/We declare the information given in this form to be correct.

I/We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regard this claim.

Insured(s) signature:	Title:
Insured(s) signature:	Title:
Date: / /	