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## **CLAIM FORM**

### **Goods/Livestock In Transit**

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## CLAIM FORM – Goods / Livestock In Transit

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This form is issued to enable the Insured to lodge a written statement of claim. It does not constitute an admission of liability on behalf of Assetinsure.

### IMPORTANT NOTICE

Please read the Claim Form fully before answering the questions.

Please answer all questions relating to your claim as fully as possible. **Use additional sheets** if there is insufficient space on this Form.

We may contact you for additional information or appoint a loss adjuster or investigator.

**Do not authorise repairs/replacement yourself without the approval of Assetinsure.**

**A written letter of demand should be sent to the carrier/ship/airline holding them liable of the loss. Please provide a copy of their reply.**

**You must provide us with the following documentation:**

- 1. Original Bill of Lading (sea transit)**
- 2. Original Air Waybill (air transit)**
- 3. Full copy of signed delivery receipt (road transit)**
- 4. Commercial invoice**

### DETAILS OF INSURED

1. Insured's Full Name

Insured's Address

Suburb

State

Postcode

Occupation

Policy Number  
(if known)

ABN

Policy Period: From

To

dd/mm/yyyy

dd/mm/yyyy

### PERSON TO BE CONTACTED

Name

Telephone

xx xxxx xxxx or xxxx xxx xxx

Fax

xx xxxx xxxx or xxxx xxx xxx

Email Address

2. Are you registered for GST purposes? . . . . . Yes / No

3. Have you claimed, or are you entitled to claim, an ITC for the GST applicable to the policy premium? . . . . . Yes / No

Please specify your percentage entitlement. %

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### A. DETAILS OF THE DAMAGED GOODS

1 Please describe the damaged or lost goods (please attach a separate schedule if insufficient room)

Make: \_\_\_\_\_ Model \_\_\_\_\_ Age \_\_\_\_\_  
Sum Insured \_\_\_\_\_ Claim Amount \_\_\_\_\_

2 Do you own the damaged or lost goods? . . . . . Yes / No

If NO, please provide details of owner

Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

3 Are the damaged or lost goods covered under another insurance policy held by you? . . . . . Yes / No

If YES, please provide details

4 Does the loss involve death of livestock? (if more than one animal involved please detail in a separate schedule). . . . . Yes / No

If YES,

Type of animal \_\_\_\_\_ Number \_\_\_\_\_

Name \_\_\_\_\_ Breed \_\_\_\_\_

Colour \_\_\_\_\_ Sex \_\_\_\_\_ Age \_\_\_\_\_

Did you breed or buy the animal? Breed \_\_\_\_\_ Buy \_\_\_\_\_

If purchased, please provide date of purchase

Purchase price \_\_\_\_\_ dd/mm/yyyy Purchased from \_\_\_\_\_

Did a veterinarian attended to the animal? . . . . . Yes / No

If Yes please provide name/address (Please attach Veterinary Certificate)

### B. DETAILS OF THE INCIDENT (PLEASE NOTE: STOLEN GOODS MUST BE NOTIFIED TO THE POLICE)

1 Date of Loss \_\_\_\_\_ Time \_\_\_\_\_ :  
(dd/mm/yyyy)

2 How did the damage occur?

3 Describe the loss or damage?

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4 EstimateGvalue of loss

5 EstimateGsalvage value of damaged goods

6 Where can the damaged goods be inspected?

Contact Name

Phone Number

7 Has this incident been reported to the Police? . . . . . Yes/No

If YES, please provide:

Police Station

Report Number

Police Officer

Date

dd/mm/yyyy

Contact

### C. DETAILS OF THE TRANSIT

1 Carrier's name and contact details

Contact Name:

Phone Number

2 Mode of Transport

Road

Air

Sea

Rail

Other

3 Journey - From

To

Date

dd/mm/yyyy

### D. HISTORY

1. Have you had any losses or previously made a claim against any insurance company in the past 5 years? . . . . . Yes / No

If YES, please provide details of nature of loss, date of loss, insurer and value.

2. Have you had any insurance or renewal of insurance refused, cancelled, or had special conditions imposed? . . . . . Yes / No

If YES, please provide details

3. Have you been charged with, or convicted of, any criminal offence? . . . . . Yes / No

If YES, please provide details.



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### ADDITIONAL INFORMATION



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### Complaints - Dispute Resolution

If you do not agree with any decision we make in relation to your claim or are dissatisfied with the handling of your claim or the services of our loss adjuster or investigator, please write to us stating the nature of your complaint and the reasons why.

We will try to resolve the complaint immediately. If the complaint cannot be resolved Assetinsure provides an internal dispute resolution process should a dispute arise. For details contact Assetinsure's Compliance Manager Assetinsure Pty Ltd, 44 Pitt Street, Sydney or ringing (02) 9251 8055.

If you are not satisfied with the decision of the Internal Dispute Resolution Committee, the matter may be referred to an independent alternative dispute resolution body, the Financial Ombudsman Service (FOS), subject to eligibility.

Financial Ombudsman Service  
GPO Box 3  
Melbourne VIC 3001  
1300 78 08 08 (National Toll Free)  
Tel: (03) 9613 6300  
Fax: (03) 9613 6390

### Privacy Policy

Assetinsure is committed to safeguarding and protecting the privacy of personal information. We are bound by the provisions of the Privacy Act 1988 which sets out the standards to be met in the collection, use and disclosure of personal information.

If you require further information about our Privacy Policy, please refer to the detailed information on our website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

If you want to access your personal information held by Assetinsure or wish to make a complaint in relation to privacy issues please contact us either electronically: [info@assetinsure.com.au](mailto:info@assetinsure.com.au) or [complaints@assetinsure.com.au](mailto:complaints@assetinsure.com.au) or at the address shown in this document.

### General Insurance Code of Practice

Assetinsure has adopted the General Insurance Code of Practice which stipulates minimum standards of service to our clients. If you would like further information in regard to the Code of Practice please refer to the Code of Practice website - [www.codeofpractice.com.au](http://www.codeofpractice.com.au) or our own website - [www.assetinsure.com.au/interest.asp](http://www.assetinsure.com.au/interest.asp)

## C. DECLARATION

On behalf of the Insured, I declare the above answers to be true and correct in every particular and acknowledge that Assetinsure may make its decision on indemnity having regard to these answers.

I consent to Assetinsure using the personal information which I have provided on this form for the purposes of processing this claim. I understand that if I choose not to provide the required details, Assetinsure may not be able to process this claim.

I consent to Assetinsure disclosing my personal information to other insurers, an insurance reference service, or as required by law. I also consent to Assetinsure disclosing my personal information to, and/or collecting information about me, from third parties such as investigators or legal advisers. Where I have provided information about another individual (for example an employee or client), I declare that the individual has or will be made aware of that fact. If you accept this statement, tick the box and complete the fields below.

Name

Date

dd/mm/yyyy