

# Carriers Legal Liability Claim Form



**All questions on this form must be clearly and fully answered, otherwise the processing of this claim may be delayed until the required information is supplied.**

**Where additional documents are requested, you must provide these for your claim to be considered.**

**If any question does not apply to the circumstances of your claim, you must mark the response "not applicable".**

## The Insured

Name and address of Insured (i.e. the carrier) \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Name and address of the carrier's driver \_\_\_\_\_

Licence details \_\_\_\_\_

Were you the first actual carrier? **yes ~ no (Please circle)**

Was any part of the journey subcontracted? **yes ~ no**

If yes, please provide all actual carrier/driver details as above (attach a separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## The Goods

What goods were being carried? \_\_\_\_\_

Name and address of consignor \_\_\_\_\_

Name and address of consignee (attach a clear copy of the consignment note) \_\_\_\_\_

Did the consignor give special instructions regarding carrying the goods? **yes ~ no**

If yes, please provide details (attach a separate sheet if necessary) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## The Loss

What are the circumstances of the loss? (Please tell us as precisely as possible what happened) \_\_\_\_\_

What damage did the goods sustain? \_\_\_\_\_

Date/time of loss \_\_\_\_\_

Description of place/address where loss or damage occurred \_\_\_\_\_

When did you find out about the loss? Date / /

**Please attach any written notice of the claim against you (pro forma claim) including details of any Consequential Loss against you**

Where can we inspect the damaged goods? Address \_\_\_\_\_

Contact/ Phone \_\_\_\_\_

Were any drugs or alcohol consumed by the driver within 24 hours prior to the incident? **yes ~ no**



What is the estimated value of the consignment? \$ \_\_\_\_\_  
 What is the estimated damage to the goods? \$ \_\_\_\_\_  
 What is the estimated salvage value of the goods? \$ \_\_\_\_\_  
 How were the goods received for transit?  Full container load  Palletised  Cartons  Other \_\_\_\_\_  
 What action did you take to minimise the loss? \_\_\_\_\_

## Other Information

If goods were not carried on LCR terms, what terms applied to the transit?  
 (Attach a copy of the contract for Declared Value or Declared Terms transits if applicable)

Owners Risk or Declared Value or Declared Terms (delete where appropriate)

Did the driver sign a clean receipt on collecting the goods? **yes ~ no**

If no, why? \_\_\_\_\_

Did the consignee sign a clean receipt on delivery of the goods? **yes ~ no**

If no, why? (Attach copies of all receipts for the goods) \_\_\_\_\_

### If the carrying vehicle was involved in an accident:

Did the police attend? **yes ~ no** If yes, please attach contact details for the attending officer/station

Were there other vehicles involved? **yes ~ no** If yes, please attach contact details of other drivers/their insurers

### If the loss occurred in store, please provide:

Name and address of material damage insurer \_\_\_\_\_  
 \_\_\_\_\_

Name and address of bailees liability insurer \_\_\_\_\_

### If livestock were involved:

How were animals received for transit? \_\_\_\_\_

How often were stock checked in transit? \_\_\_\_\_

When/where was death/injury discovered? \_\_\_\_\_

Have animals been disposed of? **yes ~ no**

If yes, how? \_\_\_\_\_

## Checklist

For your claim to be considered you MUST attach copies of ALL applicable documents

- Consignment Note
- Signed delivery receipt
- Written notice of the claims against you (pro forma claim) from consignee
- Statement of claim (valued claim) from consignee
- Copy of invoice / proof of value
- Copy of policy complaint acknowledgement
- Copy of any credit/salvage note
- Any other documents required by your responses on this form

## Declaration

I/We declare that the answers given above and overleaf are true and correct and the articles and property described herein were damaged, lost or stolen under the circumstances I/we have described on this claim form.

Signature of Claimant \_\_\_\_\_ Date / /

Print Name \_\_\_\_\_ Position \_\_\_\_\_