

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, 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 damaged occurred _____

When did you find out about the loss? Date / / *Please attach any written notice of the claim against you (a pro forma claim)*

Where can we inspect the damaged goods? Address _____

Contact/Phone _____



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? Prepacked, or Packed/prepared by carrier

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)

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 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 was 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 claim against you (pro forma claim) from consignee
- Statement of claim (valued claim) from consignee
- Copy of invoice/proof of value
- Copy of police complaint acknowledgement
- Copy of any credit/salvage note
- Any other documents required by your responses on this form

Declaration

I/We declare the foregoing statements 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 _____