

# Cargo Claims Procedure



## **Immediate Note of Loss or Damage must be given to**

The Claims Department  
Vero Marine Insurance  
PO Box 1759  
Auckland, New Zealand

Tel: +64 9 363 2600

Fax: +64 9 363 2601

E-mail: [claims@veromarine.co.nz](mailto:claims@veromarine.co.nz)

Toll Free Tel: 0508 856 856

Toll Free Fax: 0508 873 873

Website: [www.veromarine.co.nz](http://www.veromarine.co.nz)

## **Initial Notice of Claim – Very Important**

*(This protects your Insurer's recovery rights)*

### **Failure to take this action may jeopardise your claim.**

An Initial Notice of Claim (see reverse) must be faxed **immediately** to

the company or carrier who issued the bill of lading/air waybill or their local agents

*and/or*

the airline who discharged cargo at the country of destination

*and/or*

the road delivery carrier should there be any evidence or indication that they may have caused, or contributed to, the damage.

## **Receipt of Goods**

- Always inspect thoroughly for damage.
- Short delivery – count the packages.
- Do not give a clean receipt. Endorse the delivery docket as "Goods Damaged".
- Re-taped packaging is a sure sign of pilferage – check contents.

## **Unpacking**

- Unpack or open packaging to inspect goods as soon as possible for hidden damage.
- Keep packaging for inspection.

## **Joint Survey**

Phone responsible Carrier and invite them to a joint survey inspection with the Vero Marine appointed surveyor.

## **Minimise Loss**

Take such reasonable action to prevent further loss. *Act as if uninsured.*



# Initial Notice of Claim

## Notification to Transport Operators of Potential Claim

This form should be **faxed to any transport operators or freight forwarders** who issued or tendered the transport document (i.e. bill of lading, truck/rail consignment note, air waybill) to you.

*For transits by sea, this form should be lodged within 3 days of delivery; for sendings by air this form **must** be lodged within 14 days of delivery.*

### Important – Do Not Delay!

<b>To:</b>	<b>Date:</b> /     /
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<b>From Company:</b>	
<b>Company address:</b>	<b>Contact person:</b> <b>Telephone:</b> <b>Fax:</b> <b>Email:</b>
<b>Location of cargo:</b>  Cargo may be examined at this address. Please advise us prior to attending as the insurance surveyor may wish to conduct a joint survey.	<b>Contact person:</b> <b>Telephone:</b> <b>Fax:</b> <b>Email:</b>  (or paste your business card here)

<b>We hold you responsible for damage to:</b>
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<b>Transit Document No</b>	
<b>Conveyance</b>	
<b>Transit From</b>	
<b>Transit To</b>	
<b>Container No</b>	
<b>Estimate of Loss</b>	<b>Currency</b>
<b>Date of Discharge</b>	
<b>Date of Loss</b>	

Yours faithfully

**Name** \_\_\_\_\_ **Title** \_\_\_\_\_