

Australis Underwriting Agency Ltd, Lumley Centre, 88 Shortland Street, PO Box 3197, Auckland, New Zealand, Tel +64 9 308 1930, Fax +64 9 308 1939

The company does not admit liability by the issue of this form.

Full name of Claimant :
Address:
Contact phone numbers:
Email address:
Name and address of consignor:
Date goods dispatched: / /
Name and address of consignee (if different from claimant above):
Date of arrival at consignee's address: / /
How was carrier's delivery note signed upon arrival at consignee's address (clean receipt, damage noted)?
Name of overseas vessel, airline and final carrier, as applicable:
What is your policy/certificate number:
How was the item packaged for transit?
What do you think caused the loss or damage to the goods?
What are the details of the voyage that the goods travelled?
Documentation: Originals of the following documents should be forwarded with this claim form as soon as possible: (a) Proof of insurance i.e. insurance certificate or document. (b) Carrier's receipt or docket including claim on carrier or shipping company. (c) Bill of lading or airway bill. (d) Customs certified invoice or other invoice showing value of goods including freight etc. (e) Any replies from carriers or shipping companies that you have put claims on. (f) Any photos of the items that you may have taken.



