



Liberty
International
Underwriters™
Member of Liberty Mutual Group

Liberty International Underwriters
A Member of the Liberty Mutual Group

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MARINE CLAIM FORM

IMPORTANT NOTICE

- Please read this Claim Form fully prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker.
- Submission of any claim to LIU should not be withheld awaiting the carrier's response to letter of demand.
- Please do not accept any offer of settlement or bank monies received without first contacting our claims department.
- The company does not admit liability by the issue of this form. It is issued to enable the insured to lodge a claim.

DETAILS OF INSURED

Name of Insured	
Address	
Policy No.	Email
Telephone No.	Fax No.
Input Tax Entitlements	ABN

CLAIM DETAILS

Type of Packing	FCL <input type="checkbox"/>	LCL <input type="checkbox"/>	Bulk <input type="checkbox"/>	Other <input type="checkbox"/>
Agent/Forwarder	Vessel/Carrier			
Consignment Note No.	Bill of Lading No.			
Airway Bill No.	Consignee			
Voyage From	Voyage To			
Date of Departure	Date of Arrival			
Description of Cargo				
Cause of Loss/Damage	Date of Loss			
Where did loss/damage occur?				

DOCUMENTS

For faster processing please ensure that you have attached...

1. (a) Original Insurance Policy; and/or
(b) Certificate of Insurance.
2. (a) Original or Non-negotiable copy of the Bill of Lading;
(b) True copy of the Master Airway bill;
(c) True copy of the House Airway bill; and/or
(d) True copy of both sides of the consignment note.
3. (a) Original invoice/s & Packing list/s; and/or
(b) Original Packing Inventory for Household goods and Personal effects shipments.
4. (a) True copy of Wharf Receipt;
(b) True copy of Delivery Docket; and/or
(c) True copy of Weight Note at port of discharge/final destination.
5. Copy of letter of demand to:
(a) Vessel Owners/Operators;
(b) Air Carriers; or
(c) Stevedores.

PRIVACY NOTICE

We are bound by the Privacy Act and its associated National Privacy Principles when we collect and handle your personal information.

We collect personal information in order to provide our services and products. We also pass it to third parties involved in this process such as our reinsurers, agents, loss adjusters and other service providers.

You can seek access to and, if necessary, correct your personal information by contacting our Privacy Officer.

When you give us personal or sensitive information about other individuals, we rely on you to have made or make them aware that you will or may provide their information to us, the purposes we use it for, the types of third parties that we disclose it to and how they can access it. If it is sensitive information we rely on you to have obtained their consent on these matters. If you have not done either of these things, you must tell us before you provide the relevant information.

DECLARATION

I, (print name in full)

(position)

of the Insured and on behalf of the Insured declare the above answers to be true and correct AND acknowledge that the Insurer may make its decision on indemnity having regard to these answers.

Signature

Date