Marine Cargo

Claim form

Mitsui Sumitomo Insurance Company, Limited
NZBN 9429039809810
NZFS Licence No.283534

Important notice

You must answer all questions honestly and fully. The issue of this claim form is not an admission of liability by Mitsui Smitomo Insurance Group.

How to complete this form

To help us process your claim quickly, you must answer all questions fully. If there is insufficient space, please use additional pages. If a question is not relevant to your situation, please write 'N/A'.

- If you are completing this form by hand, please ensure you write clearly.
- If you are completing this form electronically, please open it using the latest version of Adobe Reader. Use your mouse/trackpad to take the cursor to the next editable field. Boxes can be ticked either by using your mouse/trackpad or by hitting 'enter'. Upon completion, please print out this form and sign the declaration.
- The signed form should then be posted, or emailed, to your broker.

Broker	Company		Individual	

A. Insured's details

1.	Insured's name			
2.	Policy number		**3.** Expiry date *(dd/mm/yyyy)*	
4.	Address			
5.	Phone Work		Mobile	
6.	Email address			
7.	Bank details to be used for claims settlements			
	(a) Payee name			
	(b) For payments into New Zealand accounts, please provide bank, branch and account numbers:			
			.	
	(c) For payment into overseas accounts, please provide the following:			
	Bank		Branch	Country
	Swift/sort code		Account number	

B. Voyage details

1.	Name of consignor(s)	
2.	Name of consignee(s)	

B. Voyage details

3. Description of consignment (including type and number of packages)						
4. Was the cargo containerised?					Yes ☐	No ☐
5. Type of container	ISO ☐	Hard Top ☐	Open Top ☐	Flat Rack ☐	Reefer ☐	Other
6. Container number		**7.** Date loaded onto overseas vessel/aircraft				
8. Voyage	From			To		
9. Transhipped at						
10. Shipping company/airline						
11. Road carriers						
12. Vessel name(s)						
13. Voyage/flight number		**14.** Terms of sale (FOB, CFR etc)				
15. Who arranged transport of the cargo?						
16. Through whom was this arranged?						
17. Date discharged from vessel/aircraft *(dd/mm/yyyy)*						

C. Loss details

1. Date and time of loss/damage (if known)	Date *(dd/mm/yyyy)*		Time		am ☐	pm ☐
2. Place of loss/damage (if known)						
3. Please describe the circumstances leading up to the loss or damage						
4. What damage did the goods sustain?						
5. Estimated value of the loss/damage	NZD					
6. Delivery date of the goods *(dd/mm/yyyy)*		**7.** Date loss/damage discovered				
8. Was loss/damage noted at the time of delivery?					Yes ☐	No ☐
If *'No'*, please outline the reason why.						
If *'Yes'*, was this noted on delivery documents?					Yes ☐	No ☐

C. Loss details

9. Please provide details of the action taken to safeguard/reduce damage.

10. Has the shipping company/airline/road carrier surveyed the damaged goods? Yes ☐ No ☐

11. Have you lodged a claim against the shipping company/airline/road carrier? Yes ☐ No ☐

Important: If *'No'*, you must complete an 'Initial Notice of Claim' and send to all appropriate parties immediately.

D. Enclosures

1. In support of your claim please attach the documents listed below. Failure to supply any of these documents may delay the settlement of your claim.

- ☐ The original insurance certificate or declaration
- ☐ The original bill of lading, consignment note, airway bill or a clear copy of both sides of these documents
- ☐ A copy of the original invoices in relation to the shipment
- ☐ A copy of the packing list/manifest
- ☐ A copy of the 'Initial Notice of Claim' against the carriers (pro forma)
- ☐ A copy of the EWP note/wharf receipt
- ☐ A copy of the temperature charts (if applicable)
- ☐ A copy of all correspondence entered into with carriers or other parties in relation to loss or damage

Declaration

Has this declaration been read to the insured? Yes ☐ No ☐ (A claim form may still be required)

(a) The information and answers given above are correct to the best of my/our knowledge and belief. I/We have not withheld any information likely to affect MSIG's consideration of the claim.

(b) If any personal information is provided, I/We understand that:

(i) This information will be collected, held, used and disclosed by MSIG (either in New Zealand or overseas) in order to issue, administer and manage products and provide services, including claims investigation and administration, and for data analytics. Further details are set out in MISG's privacy policy available at https://www.msi-oceania.com/privacy.

(ii) If I/We do not provide the information requested, then MSIG may be unable to provide products or services.

(iii) Where I/we have provided someone else's personal information, I/We confirm that I/We have obtained their consent to do so. To request access to or correction of personal information, please see https://www.msi-oceania.com/privacy.

(c) MSIG is authorised to disclose information received from me/us to its advisers, reinsurers and to other insurers. I/We authorise MSIG to obtain, from any other party, information that is, in MSIG's view, relevant to this claim.

Signed by applicant		Date *(dd/mm/yyyy)*	
Printed name		Phone	
Position		Mobile	
Email address			

We are a member of the Insurance Council of New Zealand and adhere to the Fair Insurance Code.
Further information on the Fair Insurance Code can be found at www.icnz.org.nz