



CARRIER'S LIABILITY INSURANCE CLAIM FORM

The issue of this form is not an admission of liability

Client no.	
Policy no.	
Intermediary	
Expiry date	

PRIVACY STATEMENT

The Privacy Act 1993 applies and requires us to inform You that:

Purpose of collection

We collect personal information (this is information or an opinion about an individual whose identity is apparent or can reasonably be ascertained and which relates to a natural living person) for the purposes of providing insurance services to you. This includes evaluating your application, evaluating any request for a change to any insurance provided; providing, administering and managing the insurance services following acceptance of an application; investigating and, if covered, managing claims made in relation to any insurance you have with us. The personal information collected can be used or disclosed by us for a secondary purpose related to those purposes listed above, but only if you would reasonably expect us to use or disclose the information for this secondary purpose.

Consequences if information is not provided

If you do not provide us with the information we need we will be unable to consider your application for insurance cover, administer your policy or manage any claim under your policy.

Access

You can request access to the personal information by contacting us at our address shown on this form.

WHAT HAPPENS NOW?

Please complete this Claim Form and contact your Broker / Agent or NTI Office.

ARE YOU STILL AT THE ACCIDENT SCENE?

Ring NTI **ACCIDENT ASSIST** on **0800 684 669** (0800 NTI NOW) who can help you deal with the accident scene and managing the vehicle, driver, load and related clean up issues.

IS SOMEONE MAKING A CLAIM AGAINST YOU?

Please complete this Claim Form and return it to your local NTI office together with all correspondence received from the other party or contact your local NTI office for advice.

Any claim should be submitted without delay.

To expedite processing of your claim please ensure all requested details and documents are provided. If a question is not relevant to the circumstances of the loss, please write "Not applicable" or "N/A". If any questions are unclear or you require assistance with completing this form, please contact your insurance broker/agent or NTI New Zealand Limited.

INSURED'S DETAILS

Full name(s):	Home phone:
Trading name:	Work phone:
Address:	Postcode:

DRIVER'S DETAILS

Full name(s):	Home phone:
Licence No.:	Work phone:
Address:	Postcode:

YOUR ROLE IN THE CARRIAGE

1. What was your role in the carriage chain?

Contracting carrier (not actually carrying)
 Contracting and actual carrier
 Actual carrier (not contracting)
 Power of incidental service (eg crane hire)

2. If you were an Actual Carrier, and more than one Actual Carriers were involved in the transportation, what position did you occupy in the carriage chain (e.g. first, second, last)?

DETAILS OF CONTRACT OF CARRIAGE

1. On what terms did you carry the goods?

Limited Carrier's Risk
 Declared Value terms
 Owner's Risk*
 Declared Terms*

*These are not insured by NTI.

Please attach a copy of the contract of carriage or other document supporting the terms of carriage. If the contract was Declared Value, please attach a copy of the invoice covering the goods. If the contract was Declared Terms, please attach a copy of those terms.

THE GOODS

1. Name(s) of sender in full: _____
Address: _____ Postcode: _____
2. Name(s) of receiver in full: _____
Address: _____ Postcode: _____
3. Where did the transit start? _____
4. Where was the transit to end? _____
5. Where was the place you accepted the goods? _____
6. Please state the date and time you accepted them: _____
7. Where was the place you delivered, or were supposed to deliver, the goods? _____
8. If delivered, please state the date and time this occurred: _____
9. Please give details of the goods and their packing: _____
10. How many packages did you receive and sign for? _____
11. Were they loose, unitised or containerised? _____
12. If unitised or containerised, who did this? _____
13. Please give details of any special instructions you received regarding carriage and provide a copy if those instructions were in writing: _____

THE LOSS OR DAMAGE

If there is not enough space provided for any of the following, please attach separate sheet of paper.

1. What is the nature of the loss or damage? _____
2. How many packages or units were damaged or affected? _____
3. What is the value per unit? _____
4. How did it occur? _____
5. Where did it occur? _____
6. What was the date and time of the loss? _____
7. What date and time were you notified of the loss? _____
8. Did you receive the goods in good order and condition? Yes No
If **No**, what was their condition and was this noted in writing? _____
9. Did you deliver the goods in good order and condition? Yes No
If **No**, what was their condition and did you note that in writing? _____
10. Are the damaged goods available for inspection? Yes No
If **Yes**, at what location? _____
11. If the claim is for non-delivery, have tracing procedures been carried out, and with what result? _____
12. If the claim arose from theft, burglary, violence (actual or threatened) or a road accident, have the police been notified? If **Yes**, please attach a copy of the Complaint. Yes No
13. What action has been taken to minimise the loss? _____

14. Did you need to employ any services (e.g. cranes, vet [for livestock] etc.) to minimise the loss? Yes No
If **Yes**, please give details: _____
15. Has a claim been lodged against you? If **Yes**, please attach a copy. Yes No
16. Have you lodged a claim against any other person/s in regard to the loss (e.g. Actual Carrier, crane operator, store operator, etc.)? If **Yes**, please attach a copy. Yes No

17. Were there any witnesses?

Yes No

If **Yes**, please provide name(s) and contact details:

18. If another party or vehicle caused the loss, please provide details of the person(s) concerned and their liability insurers:

19. What was the invoiced value of the consignment? \$

20. What is the estimated value of the loss or damage to the goods? \$

21. What is the estimated salvage value of the damaged goods? \$

DOCUMENT CHECKLIST

Where your claim involves the following documents, please ensure they are attached when you submit your claim:

- Consignment Note, or Correspondence showing the agreed terms
- The receipt you signed when accepting the goods
- The receipt when you delivered the goods
- The claim against you
- The claim you have lodged on others
- Any agreement you have in place with sub-contractors
- The police Complaint acknowledgement
- Invoice showing value of goods
- Details of salvage proceeds

DECLARATION

Please check the information you have provided, above, before signing the following declaration.

I / We declare that all particulars stated above and statements made in support hereof are true and correct and that no information relevant to this has, to my knowledge been withheld and that no other person(s), to my knowledge have an interest in the said property.

The Insurance Claims Register Ltd (ICR), P.O. Box 474, Wellington holds details of claims made after 1 February 1998 policies issued by participating insurers. Participating insurers can check details of your claims history on the ICR. I agree that NTI may give to or obtain from ICR details of information relevant to this claim.

Any personal information collected by NTI may be disclosed to other members of the insurance industry, and any personal information held by other members of the insurance industry, may be disclosed to NTI. This includes claims related personal information provided by NTI to or held on the Insurance Claims Register Limited.

We may disclose your personal information, when necessary and in connection with the purposes listed above, to: your insurance broker or our agent; Government bodies; loss assessors; claim investigators; reinsurers; other insurance companies; claims reference providers; other service providers; hospitals; medical and health professionals; legal and other professional advisers.

Claimants's signature: _____ Date: _____

Please print name: _____

Relationship to Insured or loss: _____

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NTI is managed by NTI New Zealand Limited as agent for IAG New Zealand Limited as insurer.
www.ntinz.co.nz

IAG New Zealand Limited has a credit rating of "AA-" as issued by Standard & Poor's on 3 November 2011.

AAA: Extremely strong	A: Strong	BB: Marginal	CCC: Very Weak	R: Regulatory Action
AA: Very Strong	BBB: Good	B: Weak	CC: Extremely Weak	NR: Not Rated

Plus (+) or minus (-) signs following ratings from "AA" to "CCC" show relative standing within the major rating categories.