

Marine Cargo

Claim form



How to complete this form

Print out the form and complete by hand. Once completed, scan the form and email to your broker or send directly to marineclaims@ando.co.nz

Policyholder details

Policy number	<input type="text"/>		
Company name	<input type="text"/>		
OR			
Title	<input type="text"/>	First name	<input type="text"/>
		Last name	<input type="text"/>

Contact details of the person completing this form

Title*	<input type="text"/>	First name*	<input type="text"/>	Last name*	<input type="text"/>
Mobile*	<input type="text"/>	Work phone	<input type="text"/>		
Email address*	<input type="text"/>				
Role* (e.g. broker or owner)	<input type="text"/>				

Consignor details (Only complete if different to Policyholder details above)

Name and contact details of consignor(s)
<input type="text"/>

Cargo details

Date goods despatched*	<input type="text"/>	Date of arrival to consignee's address	<input type="text"/>
How was the carrier's delivery note signed on arrival at the consignee's address? (Clean receipt or damage noted?)*			
<input type="text"/>			

Cargo details cont.

Name of overseas vessel, airline and final carrier, as applicable*

Please describe how was the item packaged for transit*

The incident, loss or circumstance

What do you think caused the loss or damage to the goods?*

What are the details of the voyage that the goods travelled?*

Please provide an indication of the value of your loss*

Any additional information

Is there any further information or comments you'd like to add that may be helpful?

Documentation

In support of your claim please provide originals of the following.
Failure to supply any of these documents may delay settlement of your claim.

Proof of insurance i.e. insurance certificate or document.

Carrier's receipt or docket including claim on carrier or shipping company.

Bill of Lading or Airway Bill.

Customs certified invoice or other invoice showing value of goods including freight etc.

Any replies from carriers or shipping companies that you have put claims on.

Any photos that you may have taken of the items.

Direct credit authority

If your claim is accepted, we can direct credit your bank account if there are any payment(s) to you. Please provide your account details below if you would like a direct credit.

Bank account name

Bank account number

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	---	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	---	----------------------	----------------------	----------------------

Please note:

- Ando Insurance Group Limited does not admit liability by the issue of this form.
- Any occurrence or claim must be notified to Ando Insurance Group Limited immediately.
- You must not incur any expenses without the written consent of Ando Insurance Group Limited.
- You must not make any admission of liability, offer of settlement, promise or payment without the written consent of Ando Insurance Group Limited.
- Failure to provide full and correct information could result in your claim being delayed or not being accepted by Ando Insurance Group Limited.
- Please retain damaged goods in case inspection is required.
- Please attach estimates in support of repairs as appropriate along with any other relevant documentation.

Claim form declaration

I/we declare that to the best of my/our knowledge the information provided in this form is complete and accurate.

I/we:

- Agree to provide any further information that may be required;
- Understand that you require this personal information in connection with this claim and that it may be stored physically or electronically by Ando Insurance Group Limited, or any supplier (with whom we have a contractual arrangement);
- Authorise the disclosure of this personal information associated with this claim to other parties;
- Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;
- Authorise you to add details of this claim to the database of the Insurance Claims Register (ICR) where it will be retained and available for other insurers to access;
- Authorise you to obtain from the ICR details of claims made by me/us;
- Understand that I/we have certain rights of access to and correction of personal information held by you and the ICR;
- Understand that failure to provide all personal information requested by you in relation to this claim may result in the claim being delayed or denied.

I have read and accept these conditions* (please tick)

Signature(s) of Insured*

Date*

Need help?

Call us on 0800 567 333

Email marineclaims@ando.co.nz

We adhere to the Fair Insurance Code which provides you with assurance that we have high standards of service to our customers. You can access a copy of the code at icnz.org.nz

