Freight Forwarders Liability

Claim form

ANDO

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** (If space is insufficient, please continue on a separate sheet and attach with this form, including any supporting photos and documents.)

Policyholder details

Policy number					
Company name					
OR					
Title		First name		Last name	

Contact details of the person completing this form

Title*		First name*		Last name*	
Mobile*				Alternative contact number	
Email address*					
Role* (e.g. broker or owner)					
Address					
Suburb		Town/City		Postcode	

Incident details

Date of damage/loss*		Date of dispatch		Date of arrival	
Name of vessel/airline				Voyage/flight number	
Port of shipment				Port of discharge	
Where did the loss/ damage occur?					

Incident details cont.

Please provide details of how the loss/damage occurred

Please provide details of the action that was taken immediately following knowledge of the loss/damage

Has the event been reported to the police? ☐ Yes ☐ No

If 'Yes', please provide the details below

Officer's name | Report number

Station

Consignment details

Consignor details

Full name | Contact number

Address

Consignee details

Full name | Contact number

Address

Please indicate your role ☐ Non-vessel operating carrier ☐ Freight forwarder ☐ Haulier ☐ Warehouse Operation ☐ Other – please specify

Are subcontractors involved? ☐ Yes ☐ No

If 'Yes', please provide the details below

Name | Contact number

Address

Please provide address where the damaged goods can be inspected

Please provide details of packaging condition

Please provide container numbers which are subject of this claim

Consignment details cont.

Please advise if there was a legible signature: On collection ☐ Yes ☐ No On delivery ☐ Yes ☐ No

Were details of the loss and/or damage noted at the time of delivery? ☐ Yes ☐ No

Were details of loss and/or damage noted on delivery docket? ☐ Yes ☐ No

Please advise if you provided a copy of your trading terms to your customer ☐ Yes (if selected, please attach evidence) ☐ No

Details of items to be claimed

Description of items to be claimed	No. of packages	Details of loss/damage	Amount claimed ($NZ)
		Total amount claimed	**$**

Other insurance cover

Was there any other insurance covering this event at time of loss? ☐ Yes ☐ No

If 'Yes', please provide the details below

Company name _____ Policy number _____

Documentation

In support of your claim please provide copies of the following where possible

- ☐ Trading terms.
- ☐ Ocean bill of trading (including reverse side).
- ☐ House bill of lading (including reverse side).
- ☐ Cargo delivery receipt.
- ☐ Correspondence and additional information in relation to this matter.
- ☐ Any other evidence of loss or damage – including photographs.

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:

a. Agree to provide any further information that may be required;

b. 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);

c. Authorise the disclosure of this personal information associated with this claim to other parties;

d. Authorise you to obtain from any other party personal information about me/us that you may consider to be relevant to this claim;

e. 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;

f. Authorise you to obtain from the ICR details of claims made by me/us;

g. Understand that I/we have certain rights of access to and correction of personal information held by you and the ICR;

h. 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