Motor & Carriers Liability

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 **claims@ando.co.nz**

Policyholder name

Company name

OR

Title | First name | Last name

Contact details of the person completing this form

Title* | First name* | Last name*

Mobile* | Work phone

Email address*

Role* (e.g. broker, driver or owner)

Driver's details

Title* | First name* | Last name*

DOB* | Mobile* | Work phone

Driver licence number* | Licence version number* | Expiry date*

Incident details

Date of incident* | Time of incident* | Vehicle make* | Vehicle model*

Vehicle registration number* (If vehicle does not have a registration number please provide description)

Incident details cont.

Location of incident*

Please advise what happened and the details of the damage* (Please attach any photos of damage)

If you have a preferred repairer, please specify

Were the police notified?* Yes No

Was the incident your fault?* Yes No

Did the other party admit liability?* Yes No

Third party details if applicable (Only complete this section if there was another party involved)

Title | First name | Last name

Mobile | Work phone

Email address

Third party insurer | Third party vehicle registration number

Third party property damage

Carriers Liability Details

Consignor details (Only complete if different to Policyholder details on page one)

Name and contact details of consignor(s)

Transit details

Name and contact details of consignee(s)

Transit details cont.

Were the goods being transported at 'Limited Carriers Risk'?* Yes ☐ No ☐

If 'No', please advise terms of carriage and supply copy of contract

Enclosed ☐

Please describe the consignment (including how it was presented for carriage)*

Please describe the vehicle(s) on which the goods were carried*

Goods in transit to*

Goods in transit from*

Party responsible for loading consignment*

Name of driver*

	Yes	No
Were any drugs or alcohol consumed by the driver within 24 hours prior to the incident?*	☐	☐
Did the driver count or check the consignment?*	☐	☐
Were quantities correct and in good order?*	☐	☐
Was a clean receipt given: (a) at loading?*	☐	☐
(b) at delivery?*	☐	☐

Was the Insured contracting or the actual carrier?* Contracting ☐ Actual ☐

If the actual carrier, who was the contracting carrier?

If contracting carrier, who was the actual carrier?

The loss

Date of loss (if known)

Time of loss (if known)

Location of loss (if known)

Date loss/damage was discovered*

Date you were advised of loss/damage by phone

Date you were advised of loss/damage in writing

Circumstances leading to the loss*

The loss cont.

What damage did the goods sustain?*

Location of goods for inspection*

Estimated value of loss*

No. of packs/units lost/damaged*

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.

- ☐ In the case of theft, promptly report the matter to the Police and attach a copy of The Police Complaints Acknowledgement Form.
- ☐ All suppliers invoices in support of this consignment and full set of packing/inventory.
- ☐ The original Consignment Note (if this is not available please provide a clear copy of the front and back).
- ☐ Copy of valued claim made against you.
- ☐ Carrier's delivery docket noting the damage/shortage.
- ☐ Copy of all correspondence entered into with any parties in relation to the loss/damage.
- ☐ If the contracting carrier, copy of the claim made against the actual carrier.

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.

Please complete Declaration on Page 5.

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 claims@ando.co.nz

We are a member of the Insurance Council of NZ and adhere to the Fair Insurance Code, which provides you with assurance that we have high standards of service to our customers.