

- Please read this Claim Form prior to answering the questions. ALL questions must be answered as fully as possible.
- Please enclose all original details of demands or repair estimates and any other documents that are relevant to this incident.
- If there is insufficient room on this form to provide all the information please attach additional documents with any further information you feel may assist in processing your claim.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance broker.
- Please send the completed Claim Form, as soon as possible to your insurance broker.
- Appointment of legal representation should not occur without the prior consent of Proteus Marine Insurance
- You are reminded that in no circumstances should you admit any liability or make any offer of settlement or enter into any correspondence without prior consent of Proteus Marine Insurance.

1) GST Declaration

Are you registered for GST? Yes No. If 'Yes', please provide ABN _____

Have you claimed an input tax credit on the GST amount applicable to this policy? Yes No

If 'Yes', is the amount claimed less than 100%? Yes No

If 'Yes', please note the percentage of GST claimed that is applicable to this premium _____ %

2) Insured Details

Insured name _____ Policy number _____

Address _____

Contact name _____ Contact number _____

Contact email _____

Were you the first actual carrier? Yes No

Was any part of the journey subcontracted? Yes No

If 'Yes', please provide name and contact details for the sub-contractor _____

3) Driver of the vehicle at the time of incident

Full name _____

Contact number _____ Mobile _____

Licence number _____ Class _____

State of issue _____ Date of expiry _____

Relationship to the Insured (Subcontractor, relative employee etc.) _____

Was the transit occurring with the Insured's consent? Yes No

If 'No', please provide details _____

Were the police called to the incident? Yes No

Name of attending officer _____ Contact number _____

Police station _____ Report number _____

4) Vehicle Details

Year _____ Make _____ Model _____

Body type _____ Engine number _____

Vehicle Identification Number (VIN) _____

Registration number _____ Expiry date _____
Weight limit the truck is allowed to carry _____
Name of owner _____ Date vehicle purchased _____
CTP Insurer _____ Policy number _____

5) Details of Loss

Date of loss _____ Date of dispatch _____ Date of arrival _____
Time _____ am/pm _____ Time _____ am/pm _____ Time _____ am/pm _____
Transit from _____ Transit to _____

Where did the loss occur? (address details) _____

What are the circumstances of the loss? (*Explain precisely as possible what happened*) _____

What damage was sustained to the goods? _____

Where can we inspect the damaged goods? (Provide address location and contact name and number) _____

Has a claim been made against you? Yes No

If 'Yes', provide copy of demand.

Do you consider you are liable for this loss? Yes No

Is there any debris still at the accident site? Yes No

Was the carrying vehicle towed? Yes No

If 'Yes', do you believe this has caused additional damage to the freight? Yes No

If 'Yes':

Towing company name _____ Contact number _____

Registration of towing vehicle _____

Please advise of any witnesses to the accident

Name _____

Address _____

Phone _____

6) Freight Owner

Name _____

Address _____

Contact number _____ Mobile _____

Exactly where did the incident occur? Inbound Outbound

Distance from the base _____ km

Were there additional carriers for this transit? Yes No

Name _____ Contact number _____

Address _____

Name _____ Contact number _____

Address _____

7) Consignment Note

Was a consignment note or terms & conditions of carriage/cartage issued? Yes No

Was the consignment note signed prior to the commencement of the transit? Yes No

Was the consignor already aware of your standard conditions of carriage? Yes No

Was the transit subject to your standard conditions of carriage as approved by us? Yes No

If 'No', please attach a copy of the conditions of carriage that applied.

Are you aware of any reason why you could not rely on your standard conditions of carriage to deny liability for loss of or damage to the goods? Yes No

If 'Yes', please provide details _____

8) Third Parties Involved – If there were other vehicles involved, please provide the following (*note; if more than one third party involved, please supply the following information for each party, using a separate sheet if necessary*)

Vehicle make _____ Model _____ Year _____

Driver name _____ Contact number _____

Address _____

Third parties insurer _____ Policy number _____

Did the driver undertake breathalyser or blood tests? Yes No

Results _____

9) Goods

Description of Goods	Estimated Value of Goods	Estimated Salvage value of Goods

10) EFT payment details (please complete this section if you require payment directly into your account)

Account Name _____ Account number _____

Bank Name _____ BSB number _____

11) Declaration

I/We solemnly and sincerely declare:

- a.. That the information supplied on this Claim Form and Statement of Claim is true in every respect.
- b.. I/We understand that the claim may be refused if information is withheld, false, misleading or concealed.
- c. That there was no other insurance covering this loss current at the date of this incident.
- d. I/We acknowledge that this Claim Form is a Legal Document and as such may be used in any legal proceedings resulting from this claim.

Insured Signature _____ Date _____

Privacy

Proteus has a privacy policy which sets out personal information they collect and how they collect, disclosure, store and use personal information as well as how to access it, correct it or make a complaint. We use personal information to issue, administer and manage products and provide services. You can view our Privacy Policy at the following website or by requesting it from our authorised representatives or service providers.

www.proteusinsuance.com.au or contact the Privacy Officer for Proteus on 1300 767 231