

Australis Underwriting Agency Ltd, Lumley Centre, 88 Shortland Street, PO Box 3197, Auckland, New Zealand, Tel +64 9 308 1930, Fax +64 9 308 1939

The company does not admit liability by the issue of this form.

Full name of Claimant : _____

Address: _____

Contact phone numbers: _____

Email address: _____

Name and address of consignor: _____

Date goods dispatched: / / _____

Name and address of consignee (if different from claimant above): _____

Date of arrival at consignee's address: / / _____

How was carrier's delivery note signed upon arrival at consignee's address (clean receipt, damage noted)? _____

Name of overseas vessel, airline and final carrier, as applicable: _____

What is your policy/certificate number: _____

How was the item packaged for transit?

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

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

Documentation: Originals of the following documents should be forwarded with this claim form as soon as possible:

- (a) Proof of insurance i.e. insurance certificate or document.
- (b) Carrier's receipt or docket including claim on carrier or shipping company.
- (c) Bill of lading or airway bill.
- (d) Customs certified invoice or other invoice showing value of goods including freight etc.
- (e) Any replies from carriers or shipping companies that you have put claims on.
- (f) Any photos of the items that you may have taken.



Please add any remarks or comments you consider helpful:

Valued claim (if you are unable to complete a valued claim, please provide an indication of the value of your loss):

Pursuant to the Privacy Act 1993

The following is brought to your attention:

- (a) This claim form collects personal information about you;
- (b) The information is collected to evaluate your claim;
- (c) The intended recipient of the information is the Lumley General Insurance (N.Z.) Limited;
- (d) The information is being collected and held by the Lumley General Insurance (N.Z.) Limited, PO Box 2426, Auckland;
- (e) The collection of this information is required pursuant to the terms of your insurance policy;
- (f) The failure to provide this information may result in your claim being declined;
- (g) You have rights of access to, and correction of, this information subject to the provisions of the Privacy Act 1993.

Declaration:

I/We declare that:

The information given in this form to be correct.

I/We agree that, should there be any dispute over any payment of this claim, Lumley General Insurance (N.Z.) Limited shall be entitled to submit the dispute to arbitration.

I/We authorise and request the New Zealand Police to release to Lumley General Insurance (N.Z.) Limited copies of any or all documents held by the New Zealand Police relating to the incident giving rise to this claim. If necessary this authority should be treated as a formal request pursuant to the Official Information Act, 1982.

I /We authorise the disclosure of personal information held by any other party regarding this claim.

I/We agree to the Lumley General Insurance (N.Z.) Limited releasing to other parties personal information regarding this claim.

I/We authorise the Insurer or its authorised agent to give or obtain from other insurers or other parties any information relating to any insurance held or claim made.

Note: Failure to provide full and correct information could result in your claim not being accepted by Lumley General Insurance (N.Z.) Limited.

Insured(s) signature:

Date: / /