

CLAIM ADVICE for Cargo Claims

Who is Reporting the claim			Incident Details	
Name			Journey from location	
Insured	intermediary	Other	Journey to location	
Insured Details			When did the loss happen	
As Above			If the loss date is unknown, when did the jou	rney begin
Other	Name			
Contact Phone	Name		What happened	
Email				
Email				
Insured Details				
Policy Number				
Type of Policy	Cargo	Carriers	Where are the items being claimed for now	located
Insured Name				
Address				
Suburb / Town				
State / Territory				
GST Information	•			
Is the Insured Registe		No	Description of items lost or damage	ed
What is the Insured's	ABN		ltem	Amount
Can the insured claim	n an ITC Yes	No		
If yes, what percentage				
Banking Details If we determine that to	part or the insured's entire	claim can be settled.		
,	d method of settlement:			
Cheque via intermediary EFT to insured		What you will need to support your claim Proof of Transit		
Please advise preferred bank account details			(any of these documents will be regarded as proof o	f Transit)
Account Name				Delivery Docket
BSB			3. 4,	Other
Account No.			Proof of Damage or Loss (any of these documents will be regarded as proof o	f Damage or Loss)
Are you the owner of the items being claimed			Photos of Damage	Repairer Report
Yes No			Damage Inspection Report	
If No, please advise details of the owner			Carrier Confirmation of Loss	
			Proof of Damage or Loss (any of these documents will be regarded as proof of Ownership)	
			Commercial Invoice for purchase of the	items
			Letter of demand from the owner of the items	

Please forward this claim report and supporting documents to marineclaims@nti.com.au $\,$