



Claim No

The issue of this form is no admission of liability, and is issued without prejudice.

1. Name of Insured	<input type="text"/>	Policy No	<input type="text"/>
Insured's Address	<input type="text"/>		
2. Consignor's Name	<input type="text"/>		
Consignor's Address	<input type="text"/>		
3. Consignee's Name	<input type="text"/>		
Consignee's Address	<input type="text"/>		
4. Invoice and Consignment Note No	<input type="text"/>	Inv	<input type="text"/>
		C/Note	<input type="text"/>
5. Date goods shipped of B/L date	<input type="text"/>	Arrival date	<input type="text"/>
6. Goods shipped from	<input type="text"/>	to	<input type="text"/>
7. Name of carrier (Name of Vessel)	<input type="text"/>		
8. Description of goods	<input type="text"/>		
	<input type="text"/>		
9. Circumstances of loss	<input type="text"/>		
	<input type="text"/>		
	<input type="text"/>		
10. Invoice value of goods	\$ <input type="text"/>	(Please supply copy invoice if not previously supplied)	
11. Amount of claim	\$ <input type="text"/>		
12. Was the damage detected before the goods left the wharf	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If so was the delivery docket noted to this effect	<input type="text"/>		
	<input type="text"/>		
13. Where can the goods be inspected?	<input type="text"/>		
14. If saleable in present condition estimated sale value	\$ <input type="text"/>		



15. Are any part of the goods insured elsewhere by yourself or the carrier? Yes No

16. Name of other Insurer

Privacy Notice

AIG collects personal information from you, your agents and people involved in this claim to assist in investigating or processing the claim, improve customer service and products and carry out research and analysis, including data analytics. This may include third parties claiming under the policy, witnesses and medical practitioners. Failure to disclose information required may result in AIG not being able to administer or declining the claim.

AIG may disclose your information to:

- your or our agents, AIG related entities, reinsurers, contractors or third party providers providing services related to the administration of the claim;
- assessors, third party administrators, emergency providers, retailers, medical providers or travel carriers, or any third parties or insurer from whom AIG seeks recovery related to the claim;
- entities to which AIG is related and third party providers for data analytics functions; and
- government, law enforcement, dispute resolution, statutory or regulatory bodies, or as required by law.

Some of these entities may be located overseas, including in United States of America, Canada, Bermuda, United Kingdom, Ireland, Belgium, The Netherlands, Germany, France, Singapore, Malaysia, the Philippines, India, Hong Kong, New Zealand as well as a country in which you have a claim and such other countries as may be notified in our Privacy Policy from time to time.

Our Privacy Policy is available at www.aig.com.au or by contacting us on 1300 030 886 and contains information about how you may access and correct your personal information, how to complain about a breach of the applicable privacy principles and how AIG will deal with such a complaint.

Consent

I consent to AIG collecting, using and disclosing personal information as set out in this notice. If I have provided or will provide information to AIG about any other individuals, I confirm that I am authorised to disclose his or her personal information to AIG and also to give this consent on both my and their behalf.

Signature

Date

Phone No

The following documents will be required in due course:

Quotation for repairs, Copy of Claim on ship or carrier, Original ship's or carrier's reply, Copy of Bill of Lading or Consignment Note, Copy of commercial Invoice, your Invoice/Debit Note for the Loss when repair are completed.

PLEASE KEEP A PHOTOCOPY OF ALL DOCUMENTATION YOU SEND TO US FOR YOUR OWN RECORD



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