

Cargo Claims Procedure



Immediate Note of Loss or Damage must be given to

The Claims Department
Vero Marine Insurance Limited
PO Box 1759
Auckland, New Zealand

Tel:	+64 9 363 2600	Toll Free Tel:	0508 856 856
Fax:	+64 9 363 2601	Toll Free Fax:	0508 873 873
E-mail:	claims@veromarine.co.nz	Website:	www.veromarine.co.nz

Initial Notice of Claim – Very Important (This protects your Insurer's recovery rights)

Failure to take this action may jeopardise your claim.

An Initial Notice of Claim (see reverse) must be faxed **immediately** to
the company or carrier who issued the bill of lading/air waybill or their local agents
and/or
the airline who discharged cargo at the country of destination
and/or
the road delivery carrier should there be any evidence or indication that they may have caused, or contributed to, the damage.

Receipt of Goods

- Always inspect thoroughly for damage.
- Short delivery – count the packages.
- Do not give a clean receipt. Endorse the delivery docket as "Goods Damaged".
- Re-taped packaging is a sure sign of pilferage – check contents.

Unpacking

- Unpack or open packaging to inspect goods as soon as possible for hidden damage.
- Keep packaging for inspection.

Joint Survey

Phone responsible Carrier and invite them to a joint survey inspection with the Vero Marine appointed surveyor.

Minimise Loss

Take such reasonable action to prevent further loss. *Act as if uninsured.*



Initial Notice of Claim

Notification to Transport Operators of Potential Claim

This form should be **faxed to any transport operators or freight forwarders** who issued or tendered the transport document (i.e. bill of lading, truck/rail consignment note, air waybill) to you.

*For transits by sea, this form should be lodged within 3 days of delivery; for sendings by air this form **must** be lodged within 14 days of delivery.*

Important – Do Not Delay!

To:	Date: / /
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From Company:	
Company address:	Contact person: Telephone: Fax: Email:
Location of cargo: Cargo may be examined at this address. Please advise us prior to attending as the insurance surveyor may wish to conduct a joint survey.	Contact person: Telephone: Fax: Email: (or paste your business card here)

We hold you responsible for damage to:

Transit Document No	
Conveyance	
Transit From	
Transit To	
Container No	
Estimate of Loss	Currency
Date of Discharge	
Date of Loss	

Yours faithfully

Name _____ **Title** _____