

MARINE CARGO (GOODS IN TRANSIT) – CLAIM FORM
THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

It is important that a written claim be made immediately on the ship or carrier as time bars may apply

A. THE ASSURED

1. Name of Assured
2. Postal Address
 Postcode
3. Contact Name Office Tel/Mobile No
Facsimile No. E-mail address:

NB: Insurers cannot settle your claim without the above information and, if you fail to advise the availability of an ITC or understate its availability, you may have a liability to pay tax on the claim payment. If you have any queries, please see your tax adviser.

B. THE TRANSIT

5. Senders Name
Senders Address
6. Receivers Name
Receivers Address
7. Date Goods Shipped Arrival Date
(N.B. The date that the goods were shipped is deemed to be the date of loss for insurance purposes)
8. Goods Shipped from To
By Sea Air Rail Road
9. Name of Carrier/Ship/Airline
10. Invoice and Consignment/Bill of Lading Nos: Invoice C/Note/B/Lading

C. THE GOODS

11. Description of Goods

12. Value of Goods (as per the commercial invoice)

13. In whose ownership were the goods at the time the claim arose?

14. On what basis were the goods sold (i.e., CIF, CRF (C&F), FOB?

(N.B. goods purchased on a "CIF" basis would be the seller's responsibility to insure)

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

If "yes", Name of other Insurer

D. THE LOSS

16. Reason for Claim, Details of Loss

E. THE DAMAGE

17. Details of Damage (if applicable)

18. Amount of Claim (as per basis of settlement in policy – attach calculation)

19. Was the damage detected before the goods left the wharf? Yes No

If so, was the delivery docket noted to this effect? Yes No

20. Where can the goods be inspected?

Contact Name Telephone No.

21. If saleable in present condition, estimated sale value \$

DECLARATION

I declare that to the best of my knowledge and belief the information in this form is true and correct and I have not withheld any relevant information.

Signature of Assured or person with authority
to sign for or on behalf of the Assured

Date:

The following documents are required (these can follow later if not yet available):-

- Copy of Claim on ship or carrier
- Original ship's or carrier's reply
- Copy of Bill of Lading or Consignment Note (including reverse side)
- Copy of Commercial Invoice
- Quotation for repairs
- Any other relevant documentation

It is imperative that a claim be made, immediately, on the Carrier/Shipper to ensure that your rights of recovery are protected. Failure to do this could result in a claim under your policy being declined. If you received any settlement offers, please do not accept them without first obtaining Insurers' consent.