



MARINE CLAIM FORM

INSURED NAME IN FULL.....

ADDRESS & TEL. NO.....

BUSINESS OF INSURED.....

POLICY NO.....

CERTIFICATE NO. & DATE:

NATURE OF GOODS.....

COUNTRY OF ORIGIN.....

DESTINATION OF GOODS.....

A. Name & Address of Carrier.....

B. Nature of contract (if printed enclose copy)

DATE GOODS WERE DELIVERED.....

VALUE OF CONSIGNMENT.....

AT WHAT POINT WAS THE LOSS DISCOVERED?.....

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CIRCUMSTANCES OF LOSS

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AMOUNT OF CLAIM.....

DOES CARGO RETAIN SALVAGE?.....

VALUE OF SALVAGE IF ANY.....

CONDITION OF CONSIGNMENT WHEN RECEIVED.....

IF CLAIM RECOVERY IS MADE AGAINST CARRIER OR THIRD PARTIES GIVE PARTICULARS AND RESULT (CORRESPONDENCES SHOULD BE ATTACHED TO THIS FORM) (I.E. PROTESTS LETTER & DAMAGE CERTIFICATE)

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.....

IS THERE ANY OTHER INSURANCE COVERING THE LOSS?.....

IF SO, STATE THE NATURE OF COVER & COMPANY INTERESTED.....

.....

I/We further declare that the Details of loss mentioned on the other side, and insured under the

Marine certificate number.....datedunder the policy of Marine Insurance with Standard Alliance Insurance Company

was damaged or short landed to the extent of the amount there specified.

I/We further declare that.....

.....

1. Here state nature of your interest, whether sole owner or holding the property in trust or on commission or otherwise of the property referred to above. except as stated overleaf.

Witness my/our hand this.....day of.....19.....

Signature of the Claimant.....

INSTRUCTIONS

In an event of loss or damage which may give rise to a claim under this policy, notice must be given immediately.

The Cash Value of property stolen, destroyed or Short delivered by peril insured against shall in no case exceed what would be the cost to the insured or replacing the same: and in case of the depreciation of such property from use, or otherwise, a corresponding deduction shall be made from the cost of replacement in order to ascertain the actual Cash value immediately before the loss.

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

C. THE ASSURED

2. Name of Assured

3. Postal Address

Postcode

4. 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 its to advise the availability of an ITC or understate if availability, you may have a liability to pay tax on the claim payment. 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.