

MARINE CARGO - CLAIM FORM

IMPORTANT NOTES:

Insurers, their Agents and the Insurance Associations share information with each other to prevent fraudulent claims & for underwriting purposes. In the event of claim, some or all the information you supply to this form and in the claim form together with other information relating to the claim may be provided to other insurers, their agents and insurance associations. All questions must be

Name of Claimant/Consignee.

Policy /Certificate No:

B/L No. or AWB No: or track receipt No & date.

Name & address of transport operator if by road.

Telephone/Mobile /Fax

Contact details for survey purposes:

Mode of conveyance: (a) AIR (b) SEA (c) ROAD

Voyage From: To

Date of arrival of goods at destination.

Date and place when loss was noticed.

Date when the delivery of goods was taken. If delay was involved give reasons.

Give full details of cause of loss.

Estimate of loss Aed.

Details of loss items involved Loss/damage Shortage Non- delivery Pilferage

Please attach the following; (mark ✓)

- Policy/Certificate of Insurance
- Original Bill of Landing (B/L) with both front and back sides containing clauses, company stamp & signature
- Original Packaging list
- Original Pricing List
- Original Shipping Invoices
- Police report in respect of Road accident claim for (a) Land transit cover & (b) Hailers Liability cover
- Copies of correspondence exchanged with the carriers or truck operators regarding their liability for the loss or damage.
- Custom's declaration

DECLARATION:

I/We declare that on the basis of my/our signature, all above statements are, to the best of my/our knowledge and belief that the foregoing particulars are true and correct.

Signature:

Date