

CARGO CLAIM FORM

Policy Number: _____

Claim Number: _____

01. THE INSURED

Name: _____

Address: _____

Postal Code: _____

Telephone Number: _____

Email Address: _____

02. Address at which the loss or damage occurred:

03. When did the loss occur?

Date: _____

Time: _____

04. Describe fully how the loss or damage occurred:

05. Have you previously suffered a loss? Yes / No

If so, kindly provide a full description of previous claims/ losses:

06. Theft:

- Was the loss or damage reported to the policy: Yes / No
- If not, why not? _____
- If so, when and where? _____
- Police Case Number? _____

07. Are you the sole owner of the lost, stolen or damaged property? Yes / No

If not, give particulars of other parties concerned: _____

08. What is your estimate of the value of the entire contents at the time of the loss or damage?

09. Is the lost or damaged property insured under any other policy? Yes / No

If so, give full particulars: _____

I/We warrant the truth of the answer to the above questions, and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above-stated occurrence.

Signed at on this day

Signature of Insured:

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Kindly submit the following documents/information (as indicated) to us at your earliest convenience to give this claim our further consideration:

- Priced claim
- Declaration no.
- Copy of Insurance Certificate
- Suppliers Invoice
- Bill of Lading / Airway Bill
- Consignment / Delivery Note
- Packing List
- Freight Statement
- Customs Bill of Entry
- Container Release Order
- Priced claim against the carrier
- Reply from Carrier
- Banking details in the event of settlement

(Acting on behalf of the Insurer New National Assurance Company Limited, FSP 2603, under a claims handling mandate)