



Claim Form Cargo /Transit

Please complete and send back this form to the agent named in insurance certificate
The agent does not admit insurance liability by the issuing or receiving of this form

Claim No.:
Policy/Certificate No.:

1. Insured:

Insured's /agent ref.

Address:.....

Account No.:

At:

Policy No......

2. Per vessel:..... **Road/Rail/Air:**.....

3. Sailing /Despatched date:..... **Delivery date:**.....

4. A. Nature of loss or damage and circumstances giving rise to same:
.....
.....
.....

B. Present location of the Goods:.....

Contact:..... Phone No:

5. A. Was clean receipt given by the Shipping Co./Carrier when accepting the goods?.....

B. Did consignee give a clean receipt to the Shipping Co./Carrier?.....

C. Where Container seals checked before receipt was given?.....

D. Has survey been requested of Ship/Carrier?.....

E. Has a claim been made against the shipping Co./Carrier?.....

Result:.....

6. Has an application been made for the refund of duty?
.....

7. Where police or similar authorities informed of loss? when? where?
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