

Head Office: Plot 1412, Santa Clara Court, Ahmadu Bello Way, Victoria Island, Lagos. Tel: 234-01-2701560 - 5

### MARINE CARGO CLAIM FORM

The issue of this form is not to be taken as an admission of liability

#### INSURED'S DETAILS

Name of insured \_\_\_\_\_

Address \_\_\_\_\_

Phone no: \_\_\_\_\_ Policy No: \_\_\_\_\_

E-mail address: \_\_\_\_\_

#### INFORMATION OF THE VOYAGE

Originating Carrier: \_\_\_\_\_

Conveyance: \_\_\_\_\_ Voyage No: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Date of Departure: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

Container No: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Stevedoring Company: \_\_\_\_\_

#### INFORMATION OF THE FORWARDING (LAND TRANSIT)

Forwarder: \_\_\_\_\_

From: \_\_\_\_\_

To: \_\_\_\_\_

Date of Delivery: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_

#### CIRCUMSTANCES OF THE ACCIDENT:

Date of Loss/Damage: \_\_\_\_\_

Nature of Loss/Damage: \_\_\_\_\_

Nature of Loss/Damage: \_\_\_\_\_

Date of Occurrence: \_\_\_\_\_ Time: \_\_\_\_\_

Damage to container: YES\_\_\_\_ NO\_\_\_\_\_

Container Seals intact: YES\_\_\_\_ NO\_\_\_\_\_

Damaged/loss Quantity: \_\_\_\_\_

Have you requested Joint survey with carrier? YES\_\_\_\_ NO\_\_\_\_\_

Have you requested for Joint Survey with Customs Authority? YES\_\_\_\_ NO\_\_\_\_\_

Have you reported the loss to Police? YES\_\_\_\_ NO\_\_\_\_\_

If yes give date of notification Date\_\_\_\_\_

Have you given a Clean Receipt? YES\_\_\_\_ NO\_\_\_\_\_

Have you made a claim on the carrier? YES\_\_\_\_ NO\_\_\_\_\_

If yes give date of claim Date\_\_\_\_\_

Total Amount of Loss and Calculations of the claim:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously suffered any Marine Cargo loss?

\_\_\_\_\_  
\_\_\_\_\_

Have you ever made a claim under a Marine Cargo Policy? if so, please give details

\_\_\_\_\_  
\_\_\_\_\_

I/We do hereby declare that, to the best of my/our knowledge and belief, the foregoing particulars are true and correct.

Date ..... Insured's Signature .....