



MARINE CARGO CLAIM FORM

Insured's Name:

Policy number:

Contact details:

Name:

Contact number:

Email:

Details of Loss:

Date of Loss:

Voyages: From.....to.....

Brief description of Loss:

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Cargo Carried:

Are you the owner of the goods? Yes / No

If No, please provide details of the owner:

Did any other insurance cover the goods at the time of loss? Yes / No

If Yes, please provide the particulars and name of the insurer:

If goods are damaged where can they be inspected? (Please advise contact name and phone number)

Have Police been notified? Yes / No

If Yes, what station? Incident Number: Date:

Have you taken any other action to reduce your loss? If Yes, please provide details:

Details of a claim

Commodities Carried	Details of loss and/or damage	Insured Amount

Please Provide Supporting Documents such as:

- Original or Copy of the Bill of Lading or Airway Bill or Consignment Note or any other contract of carriage
- Bill Of Entry (SAD500 – Customs Declaration Form)
- Copy of Suppliers’ Invoice
- Packing List
- Copy of Declaration (If applicable)
- Photographs of Damages (if applicable)
- Copies of Correspondences Holding the Carriers/Third Party Liable
- Driver Statement (if applicable)
- Delivery Note
- Copy of Police Report (if applicable)
- SA Container Depot – DUBPR (LCL)
- SA Container Depot – Container Release Advice (LCL)
- Clearing and Forwarding agent invoice
- Customs worksheet
- Container Inspection Report (if container damaged)
- Priced Claim

Other:

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CLAIM PAYMENT DETAILS

Name of bank:

Account name:

Account number:

Branch Code