



## **MARINE CARGO CLAIM FORM**

This form is issued 'without prejudice' and admission of any liabilities subject to the terms, conditions and warranties of relevant policy. **Al Buhaira National Insurance Co (ABNIC)** also reserves the right to ask for any additional information and/or documentation as and when required.

Please complete this form and return together with attachments to [marinedept@albuhairsta.com](mailto:marinedept@albuhairsta.com) / [salim@albuhairsta.com](mailto:salim@albuhairsta.com)

### **GENERAL INFORMATION:**

Insured Name \_\_\_\_\_

Policy Number \_\_\_\_\_ Expiry Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### **LOSS DETAILS**

Date of loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of loss \_\_\_\_\_

Brief description about loss (includes cause of loss or damage)

\_\_\_\_\_

Where can goods be inspected (if are damaged)? (Please advise contact name and phone number)

\_\_\_\_\_

### **SHIPMENT DETAILS**

Description of Goods \_\_\_\_\_

Conveyance (By Steamer / By Air / By Road) \_\_\_\_\_

Name of the Carrier/Transportation \_\_\_\_\_

Shipment from \_\_\_\_\_ To \_\_\_\_\_

Vessel Name/ Airline/ Vehicle Number \_\_\_\_\_

Sailing/Dispatch Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Arrival Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Packing Details \_\_\_\_\_

### **DOCUMENTS OF CLAIM TO BE SUBMITTED**

Insured should submit the below documents substantiating his right to indemnity under this policy:

- 1) Original Insurance Policy or Certificate.
- 2) Original Bill of Lading/ Truck Waybill/ Airway bill/ Bill of Entry.
- 3) Original Invoice(s)/ Packing List(s)/ Certificate of Origin.
- 4) Short-landed Certificate (if non-delivery of an entire package by sea).
- 5) First letter to the carrier holding them liable for loss/damage.
- 6) Truck Consignment note/ Delivery Note/ Truck Registration Card/ Driver License (copy) / Emirates ID copy.
- 7) Police Report (in case of theft or traffic accident).
- 8) Incident report.
- 9) Photographs of damaged cargo.

I/We hereby declare that the above is true and accurate and acknowledge that the insurer may take its decision on indemnity having observance these answers.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature / Company Stamp \_\_\_\_\_