



Claim Ref No:

# Claim form for Marine Loss

Broker / Agent

- NOTE:**
1. Applicable to fire, engineering and theft.
  2. Special Perils.
  3. The issuance of this form is not an admission of liability on the party of the Company.
  4. All questions on this form must be answered in full and in **BLOCK** letters.

1. Renewal Date 

D	D	M	M	Y	Y	Y	Y
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 Policy No. 

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Time of Loss 

H	H	M	M
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 am/pm

## INSURED

2. INSURED

3. Postal Address 

Address
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Postal Code
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Town
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4. Telephone 

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 Business/Occupation 

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## GENERAL INFORMATION

### DETAILS OF THE LOSS

5. Date of loss 

D	D	M	M	Y	Y	Y	Y
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 When was the loss discovered .....

6. Where loss or damage occurred .....

Describe fully how loss of damage occurred .....

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### DETAILS OF THE TRANSIT

7. Journey from: ..... to ..... Date 

D	D	M	M	Y	Y	Y	Y
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8. Carriers name and contact: .....

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9. Type of Transport  Own Vehicle  Road  Rail  Sea  Air

10. Are you the owner of the goods? Yes  No

If not, please provide details of the owner .....

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

If 'YES', please provide the particulars and name of insurer .....

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

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13. Have Police been notified

Yes  No

If 'YES' what station ..... Incident Number .....

Date: 

D	D	M	M	Y	Y	Y	Y
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14. Have you taken any other action to reduce your loss?

Yes  No

If 'YES' please provide details .....

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**SUPPORTING DOCUMENTATION (the following documents are required in support of the claim)**

Letter of claim on carrier/Ship/Airline     Invoice showing value of goods claimed     Consignment note/Bill of Lading/Airway Bill  
 Response (if any) form carrier/Ship/Airline     Repair/Replacement quotations (if applicable)     Freight Invoice

If any of the above are not available, please advice why

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**DECLARATION**

I / We declare that I / We have not withheld any material information and that all statements made on this form are true to the best of my / our knowledge and belief and that articulated and property described overleaf belong to me / us and that no other person has any interest whether as owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy.

I / We accept that incorrect information will invalidate this claim and may even lead to prosecution.

Date 

D	D	M	M	Y	Y	Y	Y
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Signature .....

*(If Policyholder body corporate, title of person signing and company rubber stamp)*



**RESOLUTION INSURANCE COMPANY LIMITED**

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