



MARINE GENERAL CARGO

Important Notice

Please read this claim form fully prior to answering the questions.

All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.

Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

Submission of any claim to Liberty Specialty Markets (Liberty) should not be withheld awaiting the carrier's response to letter of demand.

Please do not accept any offer of settlement or bank monies received without first contacting our claims department.

The company does not admit liability by the issue of this form. It is issued to enable the insured to lodge a claim.

You are reminded that under no circumstances should you admit any liability or make any offer of settlement.

1. DETAILS OF INSURED

Name of insured

Street

City

State

Postcode

Policy no.

Email

Telephone

Fax

Input tax entitlements

BRN

2. CLAIM DETAILS

Date of loss

Cause of loss/damage

Description of cargo

Where did the loss occur?

Location of damaged goods

Contact name and number

Have you reported the loss to police?

Yes

No

If yes, give date of notification and police report number

Have you given a clean receipt?

Yes

No

Have you made a claim on the carrier?

Yes

No

If yes, give date of claim. Note that notice to carriers within three (3) days of delivery is required to protect recovery rights.

Type of packing:

FCL

LCL

Bulk

Other

Agent/forwarder

Vessel/carrier

Consignment note no.

Bill of lading no.

Airway bill no.

Consignee/consignor name and address

Voyage from

Voyage to

Date of departure

Date of arrival

3. STATEMENT OF CLAIM

Description of lost/damaged property	Year purchased or acquired	Can the item be repaired?		Present cost of repair or replacement US\$	Invoice value US\$
		Yes	No		
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total amount claimed				\$	\$
Estimate salvage value				\$	\$

4. DOCUMENTS

For faster processing of your claim please ensure that you have attached:

1. a) Certificate of insurance, **or**
b) Copy of monthly declaration
2. a) Originals or non-negotiable copy of the front and reverse side of the bill of lading:
b) True copy of the master airway bill
c) True copy of the house airway bill, **and/or**
d) True copy of both sides of the consignment note
3. a) Original invoice/s and packing list/s, **and/or**
b) Original packing inventory for household goods and personal effects shipments
c) Repair/replacement quote
d) Freight invoice
e) Custom's entry form
4. a) True copy of wharf receipt:
b) True copy of delivery docket, **and/or**
c) True copy of weight note at port of discharge/final destination
5. Copy of Notice of Claim to the following parties where applicable:
a) Vessel owners/operators
b) Air carriers
c) Forwarders, **and/or**
d) Any other parties that insurers have identified to be potentially liable for the loss
6. Original survey report with colour photos, if any.

Submission of your claim to Liberty should not be withheld awaiting the carriers reply to the letter of demand. Please forward the original carriers reply to claimsasiapacific@libertyglobalgroup.com when received. Liberty reserve our right to obtain further documents in relation to this claim, if necessary.

5. SIGNATURE

I, (print name in full)

(position)

of the Insured and on behalf of the Insured acknowledge the above answers to be true and correct **and** acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date

Privacy Notice

Liberty Specialty Markets Hong Kong Limited (UBI 66395065) (Liberty) is a company incorporated and authorised to conduct insurance in Hong Kong. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

Address: Suites 2401-4 24/F, 1111 King's Road, Tai Koo Shing, Hong Kong
Phone: +852 3655 2600

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