

Marine Cargo Claim Form

Important Notice:

- 1 The acceptance of this form is NOT an admission of liability on the part of the Company.
- 2 All original final bills, certificates, supporting documents should be provided to substantiate your claim.
- 3 All medical reports must be submitted at the claimant's expense before a claim can be admitted.
- 4 Please answer in full all applicable questions as incomplete answers may delay claims settlement.

Agency _____ Policy No _____

1. SHIPPER/CONSIGNEE'S DETAILS

- a. Name of Shipper _____
- b. Name of Consignee/Buyer _____
- c. Address _____
- d. Contact (Email) _____ (Tel) _____ (Fax) _____

2. POLICY DETAILS

- a. Sales Terms CIF C&F FOB Ex-works Others _____
- b. Insured value (type of currency) _____

3. SHIPMENT DETAILS

- a. Name of Vessel/flight no. _____ E.T.A _____
- b. Voyage From _____ To _____
- c. Port/airport/place of discharge _____
- d. Type of Containers FCL LCL Others _____
- e. Place of destuffing the container _____
- f. Party conducted destuffing _____

4. DELIVERY DETAILS

- a. Date of delivery to Consignee's/Buyer's premises _____
- b. Place of delivery _____
- c. Date of loss/damage discovered _____
- d. Condition of Goods when collected by Forwarder/Haulier Damaged condition Received in order
- e. Condition of Goods when received by Consignee/Buyer Damaged condition Received in order
- f. Damage occurred during stuffing or unstuffing operation Yes No
- g. Nature of receipt given to Forwarder/Haulier Claused Clean Others _____
- h. Written notice extended to Carriers/Haulier or any parties responsible for the loss/damage
 Yes No

If yes, please advise date If no, please do so immediately.

5. CLAIMS DETAILS

- a. Description of Damage / Loss _____
- b. Claim Amount _____

Declaration

We/I hereby declare that the above statements are true, accurate and complete and I understand that if I have in this or in any further declaration in respect of this claim, made any false or fraudulent statement or suppress conceal or falsely state any material fact whatsoever my claim may be refused. We/I undertake to advise the Company promptly of all developments in connection with the claim and to render every assistance in dealing with the matter. I/We further authorise the Company to treat the submission of this form as my/our making a claim under my/our policy.

I acknowledge and agree (in case of corporate policy, I represent that I have obtained the consent of the individuals in relation to this policy) that Sompo may collect, use, disclose and/or process my personal data (in case of corporate policy, personal data of individuals in relation to this policy) in accordance with the Personal Data Protection Act 2012 for the purposes and uses described in Sompo's Privacy Policy (including the provision of protection, services related to this insurance policy, screening activities in accordance with legal/regulatory obligations/risk management procedures). This may include disclosure to Sompo's business partners, intermediaries, third party service providers and industry associations. Sompo's Privacy Policy can be found at www.sompo.com.sg

Signature of Claimant

Date