

# Marine Cargo Claim Form

www.chartisinsurance.com.sg



PLEASE COMPLETE ALL SECTIONS TO FACILITATE THE PROCESSING OF YOUR APPLICATION

The form must be completed truthfully and accurately.

The list of documents required is not exhaustive and we reserve our right to request from you any additional information/documentation, as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address:

Chartis Singapore Insurance Pte. Ltd.  
CHARTIS Building, 78 Shenton Way, #07-16, Singapore 079120

The acceptance of this Form is NOT an admission of liability on the part of Chartis Singapore Insurance Pte. Ltd. ("the Company"). Any documentary proof or report required by the Company shall be furnished at the expense of the Policyholder or Claimant.

Any information collected or held by Us whether contained in the Application / Proposal or Claim Form or otherwise obtained in any other manner, may be used and disclosed to Our associated individuals / companies or any independent third parties (within or outside Singapore) for any matters related to your claim and to communicate with You for any purpose.

IMPORTANT: Upon knowledge of a loss:

1. Please issue a Claim Letter (this can be downloaded from our website <http://www.chartisinsurance.com.sg>) to the Carrier to hold them responsible for your loss not later than:
  - a. Sea Freight/Overland Transit – 3 working days after the date of delivery
  - b. Air Freight – 7 days after the date of delivery

## Particulars Of Insured/Claimant

Claimant Name	Claimant's Ref No.
Policy No./Certificate No.	Policy Issuing Office
Correspondence Address	Postal Code
E-mail	Contact Person
Contact No.	Facsimile No.
Name of Insured (if different from above)	Contact Person
Correspondence Address or Contact No.	

## Transportation Information

Interest Insured	B/L or Waybill No.	Sum Insured
Original Place	Destination	Vessel/Vehicle No.
Sailing Date	Arrival Date	Delivery Date

## Details Of Occurrence

Date of Loss/Discovered	Time a.m./p.m.	Place of Loss/Discovered
Cause and manner of occurrence		
Quantity / Physical Condition of Damage/Loss	Estimated Loss/Amount Claimed	
Please advise the whereabouts and status of the cargo		
If the carrier/bailee or any other concerned party was responsible for the loss, please provide details:		

## Carrier/Forwarder/Bailee Information

Name of Carrier/Forwarder/Bailee			
Correspondence Address			Postal Code
E-mail	Contact Person	Contact No.	Facsimile No.

## Claim Documents

These are the documentation usually required in supporting your claim. Please submit as soon as they are available. If these documents are attached to this claim form, please tick against the check box. Further documents and information may be requested depending on the nature and extent of the claim.

- 1. Original Policy / Certificate / Shipment Declaration Form
- 2. Commercial Invoice / Packing List / Weight Note
- 3. Original Bill of Lading / Air Waybill / Transportation Agreement
- 4. Sales Contract / Purchase Order
- 5. Exception List / Delivery Receipt noting the exception
- 6. Claim letter to the carrier / bailee
- 7. Statement of Claim with detailed calculation
- 8. Photographs of damaged cargo
- 9. Original Survey Report (if survey has been applied)
- 10. Police or Traffic Accident Report (in case of theft, pilferage, robbery or traffic accident)

## Bank Details

Claim settlement, if any, will be credited to your account by bank transfer. Please provide the following details:

Account Name:	Bank:	Account Number:
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## Declaration, Authorisation & Signature

I/We hereby declare that to the best of my/our knowledge and belief, the above statement and particulars are true and complete in every respect and are made without reservation of any kind. I/We understand that the furnishing of this notification form to me/us, or its preparation by any representative of Chartis Singapore Insurance Pte. Ltd. or the acceptance or retention of the proof thereafter by the insurer shall not constitute its waiver of any of the conditions of the policy.

I/We further authorise any individual or entity holding any records (including any statements taken) or knowledge of me/us which is/are relevant to the settling of this claim and/or the insurer's right of recovery there under to furnish such records or knowledge to Chartis Singapore Insurance Pte. Ltd. or its authorised representatives. A photocopy of this authorisation shall be considered as effective and valid as the original.

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Authorised Signature of Insured/Claimant\* with Company Stamp:

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Date: