



HEAD OFFICE: 10TH Floor,
Shaheen Complex
M.R. Kayani Road, Karachi - 74200
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MARINE CARGO CLAIM FORM

1 Important Notice

- Please read this Claim Form 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 SICL should not be withheld awaiting the carrier's response to a letter of demand.
 - SICL reserve our right to obtain further documents in relation to this claim, if necessary.
 - Please do not accept any offer of settlement or bank monies without first contacting SICL.
 - You are reminded that under no circumstances should you admit any liability or make any offer of settlement.
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2 Details of Insured

Name of Insured _____

Address _____

Policy No. _____ Email _____

Telephone No. _____ Fax No. _____

Input Tax Entitlements _____ ABN _____

3 Claim Details

Type of Packing FCL LCL Bulk Other

Agent/Forwarder _____ Vessel/Carrier _____

Consignment Note No. _____ Bill of Lading No. _____

Airway Bill No. _____ Consignee _____

Voyage From _____ Voyage To _____

Date of Departure _____ Date of Arrival _____

Description of Cargo _____

Cause of Loss/Damage _____

Date of Loss _____

Where did loss occur _____

Have you requested Joint Survey with carrier? Yes No

Have you requested Joint Survey with Customs Authority? Yes No

Have you reported the loss to Police? Yes No

If yes give date of notification Date _____

Have you given a Clean Receipt? Yes No

Have you made a claim on the carrier? Yes No

If yes give date of claim Date _____

4 Statement of Claim

Description of Lost/Damaged Property	Year Purchased or Acquired	Purchased From	Present Cost of Repair or Replacement	Invoice Value

Total Amount Claim				
Estimate Salvage Value				

5 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 & Packing list/s; and/or
b) Original packing inventory for household goods and personal effects shipments.
c) Repair/Replacement Quote
 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 letter of demand to:
 - a) Vessel Owners/Operators;
 - b) Air Carriers; or
 - c) Stevedores
 6. Original survey report with colour photos, if any.
- SICL reserve our right to obtain further documents in relation to this claim, if necessary.

6 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
