



Marine Cargo

Claim Form



In order for us to proceed with your claim as quickly as possible it is important to attach the following documents (originals where possible) with this form. Please tick to indicate document enclosed:

- Bill of Lading / MAWB / HAWB / CMR / Delivery note
- Commercial invoice
- Packing list
- Certificate of Insurance
- Letter holding carriers responsible

Policyholder details

Insured name _____

Policy number _____

Certificate number _____
(if applicable)

Claimant details

Claimant name _____

Address _____



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Authorised and regulated by
the Financial Services Authority

Telephone number _____

Fax number _____

E-mail _____

Contact name _____

Location of goods

Address _____

Contact name _____

Telephone number _____

Shipment details

Description of goods _____

Shipment value _____ Date of loss _____

Terms of sale CIF CFR DDU FOB CIP Other

Specify _____

Details of damage

Details _____

Approx value _____

Mode of transport

Port of load _____ Port of discharge _____

Date _____ Date _____

Vessel name _____ B/L no. _____

Shipping line _____

Container no. _____

By Air

MAWB no. _____ Dated _____

HAWB no. _____ Dated _____

By Road

Trucking company _____

CMR or delivery no. _____ Dated _____

General

Was the damage/loss noted on delivery documentation at time of delivery? Yes No

If No, why? _____

Has claim been lodged with the carriers? Yes No

Have carriers representatives surveyed the damage? Yes No

Name of carrier's surveyor _____

Return to ACE Europe Marine Claims

Fax no. _____

See Marine Claims Directory for contact details