



MARINE CARGO CLAIM FORM



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A. NOTES

1. It is most important that all questions are answered. If not applicable, write “n/a”.
2. The issuance of this claim form is not an admission of liability by Trans Pacific Assurance Limited
3. Please use additional blank pages if more space is required to provide comprehensive responses.
4. All amounts marked with an Asterix (*) are in PNG Kina unless stated otherwise.
5. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
 - a) the laws of Papua New Guinea;
unless
 - b) the policy/ies refer to the laws of a different country applying, in which case, the law of that country, and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

Note: No liability of any sort shall be admitted nor any offer, promise or payment made by the assured to claimants nor legal expenses incurred without the written consent of the company who shall be entitled if it so desires to take over and conduct on the name of the assured the defence of any action, or to prosecute any claim or indemnity or damages or otherwise against any third party.

The assured also undertakes to send to the company as soon as possible, all claims letters, summonses or writs relating to any accident address to the assured or to the assureds or servants by the authorities or parties.



B. INSURED DETAILS

- 1. Name of insured
- 2. Address
..... Postcode
- 3. Private Tel Business Tel
- Mobile Tel Fax
- Email
- 4. Occupation

C. POLICY DETAILS

- 1. Policy no
- 2. Period From/...../..... to/...../.....

D. SUPPLIER DETAILS

(You need not complete this section if this claim relates to the transit of your personal effects)

- 1. Name of supplier
- 2. Address
..... Postcode
- 3. Tel no Fax no Email
- 4. Invoice no/s
.....
- 5. Copies attached YES NO Condition of sale

E. CARRIER OR AGENT DETAILS

1. Name of carrier or agent

.....

2. Address

..... Postcode

3. Tel no Fax no Email

4. Bill of Lading no (original required) Attached Yes No

5. Claim lodged with Carrier Yes No

If "YES", please provide us with the documents.

F. INCIDENT DETAILS

1. Voyage from to.....

2. Name of vessel Voyage no

Date of arrival/...../.....

3. Nature of loss:

.....

4. Cause of loss:

.....

5. a) Did the master declare general average?

b) Were you required to post a general average deposit or a general average guarantee?

.....

6. If cargo short landed or short shipped what steps have been taken to locate it?

.....

G. SCHEDULE

Description of property for which loss is claimed	Date of purchase or acquisition	Original value*	Value at time of loss -allowing for reasonable description*	Value of salvage (if any)*	Amount of loss or damage claimed*
AMOUNT OF LOSS CLAIMED					
ADDITIONAL EXPENDITURE					
TOTAL AMOUNT CLAIMED					



H. DECLARATION

I/We declare that:

The information and answers given above are correct to the best of my/our knowledge and belief.

I/We understand the claim may be refused or reduced if information is withheld.

I/We authorise Trans Pacific Assurance Limited to disclose information contained herein to Trans Pacific Assurance Limited advisors, reinsurers, and other insurers. I/We authorise Trans Pacific Assurance Limited to obtain from any other party information that is, in

Trans Pacific Assurance Limited s' view relevant to this claim

Signature of Insured

Date/...../.....

I. SUPPORTING DOCUMENTATION

Please confirm you have attached the following documents in order to assess your claim, without these documents we are unable to proceed:

- 1. Bill of Lading
- 2. Invoices - including conditions of sale (where applicable)
- 3. Details of claim lodged with carrier (where applicable)
- 4. Any other supporting documentation

Should any further documentation be required to finalise the claim, your claims advisor will update you.

J. BANK PAYMENT DETAILS FOR YOUR CLAIMS REIMBURSEMENT

Account Name	
Account Number	
Bank name	
Branch	
BSB number	

Email remittance address	
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Please ensure this section is completed and submitted with Claim application to ensure efficient payment processing.



Level 3, Credit House
Cuthbertson Street
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THE INTELLIGENT INSURER