

**Specialist Marine Insurance Brokers and Risk Consultants**

85 Beachfront Lane, PO Box 35-222, Browns Bay, Auckland  
 Tel: +64 9 479 9980      www.marinz.com      Fax: +64 9 479 9982

**MARINE CARGO CLAIM ADVICE****PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE**

Policy/Certificate No. \_\_\_\_\_ Claim No. \_\_\_\_\_

Name of Insured (in full) \_\_\_\_\_

Private Address \_\_\_\_\_ Tel. No. \_\_\_\_\_

Business Address \_\_\_\_\_

Description of damaged goods:	Marks	Type	C/s No.	Sum Insured
_____	_____	_____	_____	\$ _____

Name of Vessel \_\_\_\_\_ Shipping Co. \_\_\_\_\_

Date of Arrival \_\_\_\_\_ Date of Customs Inspection \_\_\_\_\_

Date Damage was Discovered \_\_\_\_\_

Describe the Damage \_\_\_\_\_

What caused the Damage \_\_\_\_\_

Date Goods Received into Consignees Store \_\_\_\_\_ At \_\_\_\_\_

Explain any delay in notifying this loss \_\_\_\_\_

Tick box if a clean Delivery Receipt was given to:      Railways       Shipping Co       Carrier 

Name of Carrier and/or Customs Agent \_\_\_\_\_

Attach all documents and list them below \_\_\_\_\_

Estimate of Loss \$ \_\_\_\_\_

Assessor \_\_\_\_\_

**INFORMATION AUTHORITY AND WARRANTY**

I, \_\_\_\_\_ authorise Marine Insurance Brokers Ltd to obtain personal information about me from any other party and to release that information to other parties if requested and I specifically authorise Marine Insurance Brokers Ltd to obtain copies of any documents or information relating to this claim from the New Zealand Police and further agree to written information by audio, photographic or video surveillance. I declare and warrant that the foregoing particulars are true and correct in every detail and acknowledge that the underwriter relies upon the truthfulness of the particulars supplied by me in respect of the claim.

Date: \_\_\_\_\_ Claimant Signature: \_\_\_\_\_

I/We hereby declare that the foregoing particulars are true and to the best of my/our knowledge and belief and I/we undertake to assist the Company to the full in dealing with the matter.

Signature of Insured and/or Consignee \_\_\_\_\_ Date \_\_\_\_\_