



Specialist Marine Insurance Brokers and Risk Consultants

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FREIGHT FORWARDERS LIABILITY CLAIM ADVICE

PLEASE ANSWER ALL QUESTIONS AS FULLY AS POSSIBLE. IT IS IMPORTANT THAT ALL CLAIMS ARE NOTIFIED TO US IMMEDIATELY IN ORDER TO PROTECT YOUR INTERESTS TO THE FULLEST EXTENT.

Claim No. _____
Name of Insured (in full) _____
Address _____ Tel. No. _____
Insured's Role NVOCC / Freight Forwarder / Haulier / Warehouse Operator / Other: _____
Name of Claimant _____

PARTICULARS OF LOSS OR DAMAGE

Description of Goods	No. of Packages	Weight	Description of Loss/Damage	Amount of Claim
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____
_____	_____	_____	_____	\$ _____

Where can the damaged goods be inspected? _____
Contact Name _____ Contact Phone No. _____
Name of Shipper (if applicable) _____
Name of Consignee (if applicable) _____
Are Subcontractors involved? If yes, please forward their details: _____

Tick box if a clean Delivery Receipt was given on: Collection Delivery

Describe the description of events which caused the loss and advise the action taken immediately following knowledge of the loss:

Please supply any other detail that you believe may assist: _____

Please attach all correspondence, contracts, and additional information in relation to this matter.

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

Signature of Insured _____ Date _____