MARINE INSURANCE BROKERS LIMITED

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 _____