NATIONAL PACIFIC INSURANCE LIMITED

MARINE CARGO CLAIM FORM

CLAIM NO._____

DATE OF LOSS._____

PLEASE ANSWER ALL QUESTIONS IN FULL. ANY DELAY IN RETURNING THIS FORM MAY PREJUDICE YOUR CLAIM UNDER THIS POLICY.
ISSUE OF THIS FORM DOES NOT CONSTITUTE AN ADMISSION OF THE COMPANY'S LIABILITY

INSURED NAME:_____

INSURED ADDRESS:_____

POLICY NO:_____ CLIENT REFERENCE NO:_____ VESSEL:_____

VOYAGE NO:_____ ARRIVAL DATE:_____ PORT OF DISCHARGE:_____

PORT OF SHIPMENT:_____ DATE LOSS DISCOVERED:_____

Nature of Claim: ⊕ Strike out if not applicable:
⊕ PILFERAGE ⊕ SHORT-LANDED ⊕ DAMAGED (GIVE BRIEF DESCRIPTION OF TYPE OF DAMAGE)

_____

LIST & DESCRIBE ITEMS CLAIMED FOR:	INVOICE VALUE
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
	_____
FREIGHT CHARGES:	_ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _
TOTAL:	_____

IF INSUFFICENT SPACE PLEASE ATTACH SCHEDULE

THE FOLLOWING MUST BE ATTACHED

1. INVOICE AND COMBINED CERTIFICATE OF VALUE & ORIGIN.
2. BILL OF LADING OR OTHER CONTRACT OF CARRIAGE
3. WHARF DELIVERY DOCKET
4. ORIGINAL CERTIFICATE OF INSURANCE (WHEN APPLICABLE)
5. SURVEY REPORT OR OTHER DOCUMENTARY EVIDENCE SHOWING EXTENT OF LOSS OR DAMAGE
6. COPIES OF CORROSOPNDENCE EXCHANGED WITH CARRIERS AND OTHER PARTIES RAGARDING LIABILITY FOR THE LOSS OR DAMAGE

SIGNATURE OF CLAIMANT: _____DATE:_____