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CLAIMS HOTLINE 賠償部熱線：	(852) 2877 8608
CLAIMS FAX 賠償部傳真：	(852) 3607 0540

FOR AGENT USE:

Agent name:
Tel no.:

MARINE CARGO CLAIM FORM

A. CLAIM PROCEDURES

1. Immediate notice of loss / damage should be given to the Survey Agents named in the Schedule. (Survey fee is customarily paid by the claimant and can be part of a valid claim under the policy.)
2. Immediately file a claim in writing to the carriers, forwarders, bailees or other concerned parties for any missing or damaged packages.
3. Take reasonable measures to avert or minimize loss to the remaining cargo.
4. Take proper care of the damaged cargo and keep any salvage.
5. Do not sign any clean receipt if the cargo is delivered in any doubtful condition.

B. INSURED INFORMATION

Policy no.:	Open policy no. (if any):	
Name of Insured:		Contact no.:
Contact person:		
Correspondence address:		
Email address:		Fax no.:

C. LOSS DETAILS

Date of loss (dd/mm/yy):	
Nature of loss:	
Estimate of loss (value):	Cause of loss:
Name of vessel / air / road carrier involved:	
Voyage / transit:	Bill of lading no. / airwaybill no.:

D. STATEMENT OF CLAIM (Use separate sheet if space is not enough.)

Model / Description	Damaged / Loss quantity	Invoice value (per unit)	Amount of loss
1.			
2.			
3.			
4.			
		Estimated salvage value / allowance for the retained cargo:	
		Total amount of claim:	

E. CHECKLIST OF SUPPORTING DOCUMENTS

Documents attached:

- ☐ Original policy or certificate of insurance
- ☐ Original or copy of the shipping invoices and packing list together with shipping specification and / or weight notes
- ☐ Original bill of lading, air waybill and / or contract of carriage
- ☐ Original survey report or other documentary evidence to show the extent of the loss or damage
- ☐ Loading account and weight notes at final destination
- ☐ Correspondence exchanged with the Carriers and other Parties regarding their liability for the loss or damage
- ☐ Photographs showing the condition of the goods and where appropriate, packing materials including the containers
- ☐ Delivery receipt marked with exception of damage / loss

H. DECLARATION 聲明

I / We hereby declare that the foregoing particulars are true in every respect, that I / we have not withheld from the Company any information within my / our knowledge connected with the accident and that I / we have no other policy indemnifying me / us in respect of this accident. It is also understood and agreed that the furnishing of this Report form to me / us by the insurance company does not constitute a waiver of their rights entitled under the terms and conditions of the Policy.

本人 / 本公司特別聲明以上所述乃屬實情並無將所知有關該意外之任何情形隱瞞不向貴公司報告又並無其他保單足以賠償此意外事件。同時，本人 / 本公司同意及明白貴公司供給此表格並不構成貴公司已放棄保單條例之權利。

Insureds signature with company chop:

Date: / /

PERSONAL INFORMATION COLLECTION STATEMENT 收集個人資料聲明

The information you provide to us is collected to enable us to carry on insurance business and may be used for the purpose of any insurance or financial related product or service or any alterations, variations, cancellation or renewal of such product or service; any claim or investigation or analysis of such claim; and exercising any right of subrogation, and may be transferred to 1) any related company or any other company carrying on insurance or reinsurance related business or an intermediary or a claims or investigation or other service provider providing services relevant to insurance business for any of the above or related purposes; 2) any association, federation or similar organization of insurance companies ("Federation") that exists or is formed from time to time for any of the above or related purposes or to enable the Federation to carry out its regulatory functions or such other functions that may be assigned to the Federation from time to time and are reasonably required in the interest of the insurance industry or any member(s) of the Federation, and 3) any members of the Federation by the Federation for any of the above or related purposes. Moreover, we are hereby authorized to obtain access to and/or to verify any of your data with the information collected by the Federation from the insurance industry. You have the right to obtain access to and to request correction of any personal information concerning yourself held by us. Requests for such access can be made in writing to the General Administration Officer, QBE Hongkong & Shanghai Insurance Limited, 17/F, Warwick House, West Wing, Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong (Telephone: 2877 8488, Fax: 3607 0300)

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