

Marine Cargo Claim Note

貨運索賠表格

NAVIGATOR
Insurance Brokers Ltd.

Tel (852) 2530 2530 Unit 8E Golden Sun Centre
Fax (852) 2530 2535 59-67 Bonham Strand West
crew@navigator-insurance.com Sheung Wan, Hong Kong
www.navigator-insurance.com

Our ref. no. 參考編號 : _____
Person in Charge 聯絡人 : _____
Tel No. 電話 : _____
Fax No. 傳真 : _____

Date 日期: _____

THE TOKIO MARINE & FIRE INSURANCE CO. (HK) LTD.

東京海上火災保險(香港)有限公司

Dear Sirs,
敬啟者,

We are presenting you a claim with supporting documents as attached and shall be glad of your early processing. 我們現提交索賠申請以及有關附帶檔, 煩請貴公司儘快處理此案。

Yours faithfully,

Claimant's name: _____

索賠人名稱

Address : _____

索賠人地址

(Signature & Company Chop)
(簽署及公司蓋章)

Policy No 保單號碼 : _____
B/L / AWB No. 提單/ 空運單號 : _____
Vessel/Flight 船名 / 航班號碼 : _____
Voyage 航程 : _____
Arrival Date: 到達日期 : _____
Date of Loss 貨損日期 : _____

Circumstances of loss / damage 受損狀況:

Calculation of Claim Amount 計算如下:

Claim Amount:
索賠金額

- | | |
|--|--|
| ☐ Original Policy / Certificate of Insurance 正本保單/保險証書
☐ Original B/L &/or Air waybill 正本提單 (連同提單之背頁條款)
☐ Delivery Memo / Delivery Note / Goods Manifest 送貨單
☐ Invoice, Packing List 發票及裝箱單
☐ Arrival Notice 貨到通知
☐ Survey Report & Fee Note 正本公証行報告及發票 | ☐ Exception Note 付運公司破損異常報告
☐ Notice of Claim to Carriers &/or Responsible Parties 向付運者及/或有關負責單位發出之索賠文件
☐ Carriers/Responsible Parties' Reply 與付運者或有關負責單位之回覆書信
☐ Colour Photos 彩色相片
☐ Other Documents 其他文件
_____ |
|--|--|



東京海上火災保險(香港)有限公司
The Tokio Marine and Fire Insurance Co. (HK) Ltd.
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Tel. (852) 2529-4401 Fax. (852) 2529-2509
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Remarks:



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crew@navigator-insurance.com Sheung Wan, Hong Kong
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If you wish to receive our claim payment by bank remittance to your HKD account in Hong Kong, please complete the following details:-

Bank name : _____

Branch : _____

Address : _____

Account no : _____

Swift code : _____

Account name : _____