



UEN: T15FC0029B
 GST Reg No: M90370081T
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Marine Cargo Insurance Claim Form

The form must be completed truthfully and accurately.

The list of documents required is not exhaustive and GAIC reserves our rights to request from you any additional information or documents as necessary. The submission of an incomplete form or insufficient information or supporting documents may delay the processing or result in the denial of your claim.

The completed form should be returned together with all supporting documents as soon as possible to the following address: Great American Insurance Company, Singapore Branch, 3 Temasek Avenue, #16-01, Centennial Tower, Singapore 039190

The acceptance of this form does not constitute an admission of liability on the part of GAIC. Any documentary proof or report required by the Company shall be furnished at the expense of the Insured / Policyholder or Claimant. You are reminded that under no circumstance should you admit any liability or make any offer of settlement with a third party.

Please note that the information you provide herein will be used for the purpose of claims administration as outlined in this form and will not be used to update any of your existing records that our organization holds.

IMPORTANT Upon knowledge of a loss:

1. Please issue a Notice of Claim and/or Note of Protest to the carrier and/or all parties involved, holding them responsible for your loss not later than
 - a. Sea Freight / Overland Transit – 3 working days after the date of delivery
 - b. Air Freight – 7 days after the date of delivery
2. Please contact GAIC Claims Department should you require a specimen copy of the Notice of Claim for your reference

Insured or Policy Holder or Claimant

Claimant Name _____	Claimant's Ref No. _____
Policy No. / Certificate No. _____	Policy Issue Office _____
Correspondence Address _____	
Postal Code _____	
Email _____	Contact Person _____
Contact No. _____	Facsimile No. _____
Name of Insured (if different from above) _____	
Contact Person _____	
Correspondence Address or Contact No. _____	

Shipment Details / Information

Cargo Interest Insured _____	B/L or Waybill No. _____	
Sum Insured _____	Original Place _____	
Destination _____	Vessel / Vehicle No. _____	
Sailing Date _____	Arrival Date _____	Delivery Date _____

Circumstances of Damage or Loss

Date of Loss / Discovered _____	Time _____
Place of Loss / Discovered _____	
Cause of Damage or Loss _____	
Quantity / Physical Condition of Damage / Loss _____	
Estimated Loss / Amount Claimed _____	
Please advise the whereabouts and status of the cargo _____	
If the Carrier / Bailee or any other concerned party was responsible for the loss, please provide details: _____	

Carrier / Agents / Forwarder's Information

Name of Carrier / Forwarder / Bailee _____	
Correspondence Address _____	
Postal Code _____	
Email _____	Contact Person _____
Contact No. _____	Facsimile No. _____

Claims Documents

These are the documentation usually required in supporting your claim. Please submit as soon as they are available. If these documents are attached to this claim form, please tick against the check box. Further documents and information may be requested depending on the nature and extent of the claim.

- 1. Original Policy / Certificate
- 2. Commercial Invoice / Packing List / Weight Note
- 3. Original Bill of Lading / Air Waybill / Consignment Note / Transportation Agreement
- 4. Sales Contract / Purchase Order
- 5. Delivery Note / Order noting the exception
- 6. Notice of Claim and/or Note of Protest to the Carrier / Agents / Forwarders and/or All Parties involved
- 7. Statement of claim with detailed calculation
- 8. Photographs of damaged cargo
- 9. Original Survey Report *(if survey has been applied)*
- 10. Police or Traffic Accident Report *(in case of theft, pilferage, robbery or traffic accident)*

Declaration & Signature

I / We hereby declare that to the best of my / our knowledge and belief, the above statement and particulars are true and complete in every respect and is made without reservation of any kind. I / We understand that the provision of this notification form to me / us, or its preparation by any representative of Great American Insurance Company or the acceptance or retention of the proof thereafter by the insurer shall not constitute its waiver of any of the conditions of the policy.

Dated, _____ 20 _____

Authorised Signature of Insured/Claimant* with Company Stamp