

## MARINE CLAIM FORM

Compendium cares about your privacy. To assist you with your claim, Compendium, our service providers and your insurer has to process the personal information you provide when completing this form. The information will be treated with caution and all reasonable security measures have been implemented to protect your personal information.

### CLIENT DETAILS

Company Name			
Policy Number			
Subsidiary Name			
Contact Person (for Assessment Purposes)	Name		Contact Number
	Address		E-mail Address

### DETAILS OF TRANSIT

Date that insured's goods were moved?			
Date that insured's goods were delivered to their destination?			
Name of carrying vessel aircraft and flight number?			
The insureds goods were in transit	From		To
Current location of the good?			

### DETAILS OF INCIDENT CAUSING LOSS/DAMAGE

Please state the cause of the loss or damage (If known)	
Were details of the loss or damage noted at time of delivery?	
Have you written to the shipping company/carrier holding them responsible?	
Was the shipping company or carrier requested to carry out a survey?	
If yes, please stipulate the date that the survey conducted?	
Please provide details of the loss/damage and list the goods lost, damage, destroyed or stolen	

### ADDITIONAL INFORMATION REQUIRED

Please attach the following documents, where applicable:

1. Original policy/certificate of Insurance: We have this on record
2. Suppliers Invoice;
3. Freight Invoice;
4. Packing/Weight/Inventory List;
5. Original bill of lading/airway bill/ consignment note- (including reverse side)/ Customs entry form;
6. Copy of claim on shipping company or carrier;
7. Copy of outturn report issued by shipping company/customs if provided; and

8. Any other documentation that will assist us in understanding your claim.

**DECLARATION**

I/We solemnly declare that to the best of my/our knowledge, the above statements are truly made.

Insured Signature		Date	
Capacity		Full Name	

**FRAUDULENT CLAIMS WILL BE PROSECUTED**