OLEA
INSURANCE SOLUTIONS AFRICA

MARINE – CARGO CLAIM

Date _____

Insured's name _____

Policy no. _____ Telephone no. _____

Contact person _____ Designation _____

Address _____

Email address _____

Claim amount/ Estimate

Claim for: Shortage ☐ Damage ☐ Other ☐ (specify): _____

R _____

Has any other party an interest in the insured property? (Credit agreement?) Yes ☐ No ☐

If Yes, please provide details _____

Consignor _____ Consignee _____

Origin _____ Destination _____

Carrier (please include the address) _____ Date of loss/ Bill of lading date _____

Where did the loss occur? _____ Address where goods can be inspected _____

Date of dispatch _____ Date of arrival _____

Port of shipment _____ Port of discharge _____

Terms of sale (FOB/ CIF/exworks, etc.) _____

Type of packing FCL ☐ LCL ☐ Bulk ☐ Other ☐ _____

_____

Please provide details of how the loss/damage occurred:

Has the incident been reported to the police? Yes ☐ No ☐

Police report no. _____ Date of notification _____

Name and location of police station _____

Has the claim been lodged on the shipping company/carrier, etc. Yes ☐ No ☐

Have they responded? Please attach a copy of the correspondence. Yes ☐ No ☐

Subject matter/commodity ***(include make/model/age as applicable)***	**Details of loss/damage**	**Details of packing condition**	**New/secondhand**	**Amount claimed**
			New ☐ Secondhand ☐	R
			New ☐ Secondhand ☐	R
			New ☐ Secondhand ☐	R
			New ☐ Secondhand ☐	R
			New ☐ Secondhand ☐	R
			New ☐ Secondhand ☐	R

Can the damaged goods be repaired? Yes ☐ No ☐

Were the details of loss/damage noted at the time of delivery? Yes ☐ No ☐

Details of packing condition _____

Please provide any other additional information that may assist with the processing of this claim.

DECLARATION

I/We warrant that the answers given are true and correct. All details provided on this form are done so honestly and in good faith. This means that the insurer has been made aware of all important information and that any incorrect information may mean that the claim may be rejected and the policy cancelled.

PROTECTION OF PERSONAL INFORMATION

We care about your privacy. In order to provide you with our service, we and our service providers have to process the personal information you provide us with by completing this document. We will treat this information with caution and we have put reasonable security measures in place to protect it.

Signed at _____ on this _____ day of _____ 20 _____

Full name and surname _____

Signature _____

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