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**Head Office:** 44, Abeokuta Street off Oba Akran Way, Anifowoshe, Ikeja, Lagos

**Abuja Address:** 26, Tennessee crescent, off Panama Street, Maitama, FCT Abuja

**Phone No.** +234(01)2121023

**Email:** hilltopins03@gmail.com

**MARINE CARGO CLAIM FORM**

**The Insurers are not liable by the issuance of this marine claim form.**

**Insurer Details:**

Insurer(s): ------------------------------------------------------------------------- Policy No: -----------------

Certificate No: ---------------------- Sum Insured: ------------------------- Scope of Cover ----------------

Location of Loss: ---------------------------------------------------- Date of loss/Notice: --------------------

Premium Value: ------------------------------------ Receipt: ---------------------------------Date: ----------

**Claimant Details**

Company name/ Claimant Address: -------------------------------------------------------------------------

Phone: -------------------------------------- Fax: --------------------- ------- Email: --------------------------

Name of Contact Person & Phone No.: ---------------------------------------------------------------------

Name & Address of consignee: -----------------------------------------------------------------------------

Description of goods: ----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Brief description of loss:-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

**Shipping Details:**

Proforma Invoice No: -----------------------------------------Value -------------------------------------

Name of vessel/Aircraft: ---------------------------------------BL or AWB No: ---------------------------

Date of Delivery: -------------------------------------------------Place: ---------------------------------------

Clearing Agent: -------------------------------------------------------------------------------------------------

Place of discharge: -----------------------------------------------------Date: ----------------------------------

Custom Exam Date: ----------------------------------------------------Samples: -----------------------------

**Delivery Details:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/No** | **Expected** | **Received** | **Short/missing** | **Damage** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

**Documentation/information for the alleged loss/claim**

* Please, attach the following documents to this form.
	+ Original copy of policy or/and certificate of insurance
	+ Original or copy of bill of lading, or/and air waybill (with reverse side)
	+ Supplier’s invoice for full shipment
	+ Supplier’s invoice for partial shipment
	+ Photocopy of form M
	+ Packing lists, if applicable
	+ Discrepancy notes or certificate
	+ Letter of protest to the negligent party
	+ Photographs
	+ Statement of claim with details
	+ Copy of delivery receipt, waybill & tally notes
	+ Equipment interchange

***Note:***

The above requested documents are preliminary and others may be requested if desirable to substantiate your claim.

* The collation of the document is in pursuant to your insurance claim notice.
* The failure to provide this information may jeopardize your alleged loss and claim.

**Declaration:**

Signature of Claimant ----------------------------------------------------------- Date ----------------------

Print Name ------------------------------------------------------------------------- Position -----------------