



SAVANNAH MARINE

CLAIM FORM

POLICY NO. _____

CLAIM NO. _____

01. THE INSURED

Name _____

Address

Postal Code

02. Address at which the loss or damage occurred

03. When did the loss or damage occur? Date _____ Time _____ h _____

04. Describe fully how the loss or damage occurred

05. Have you previously suffered a loss? _____

- If so, kindly provide full description of previous claims/losses

06. Theft:

- Was the loss or damage reported to the police? _____
- If not, why not? _____
- If so, when and where _____
- SA Police Ref. No. _____

08. Are you the sole owner of the lost, stolen or damaged property? _____

3 Rolina Avenue, Florida Glen, Quellerina, 1729
P.O. Box 1410, Allens Nek, 1737 • Tel: (011) 831 0720, Fax: (011) 831 0726

09. If not, give the particulars of other parties concerned

10. What is your estimate of the value of the entire contents at the time of the loss or damage?

R _____

11. Is the lost or damaged property insured under any other policy? _____

12. If so, give full particulars

I/We warrant the truth of the answer to the above questions and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

Signed at _____
on _____

Signature of _____
Insured: _____

THE ISSUE OF THIS FORM IS NOT AN ADMISSION OF LIABILITY

Kindly submit the following documents / information (as indicated) to us at your earliest convenience in order to give this claim our further consideration:

- Priced claim
- Declaration no.
- Copy of Insurance Certificate
- Suppliers Invoice
- Bill of Lading / Airway Bill
- Consignment / Delivery Note
- Packing List
- Freight Statement
- Customs Bill of Entry
- Container Release Order
- Priced claim against carrier
- Reply from Carrier
- Banking details in the event of settlement