

CLAIM SUBMISSION FORM

Please submit to the CLAIMS AGENT at the port or place where the loss or damage is discovered in order that they may examine the goods and issue a survey report at their discretion. You will find the CLAIMS AGENT contact information listed on your policy under "CLAIMS AGENT".

Ref. No:
Insurance Certificate Number:
Vehicle:
VIN:
Port of Load:
Port of Arrival:
Vessel / Voyage
ETS:
ETA:

Today's Date: _____

Dear Sirs,

Please find attached the supporting documentation for the above subject claim of damages.

- Original policy / certificate of Insurance as emailed to you
- Subrogation letter request
- Copy of Shipping Invoice
- Origin Inspection Report
- Survey Report or other documentary evidence to show the extent of the loss or damage (i.e., inspection form, photos, etc.,)
- Delivery receipt completed at time of delivery / pick up showing the damages claimed at time of pick up or delivery
- Itemized** Estimate of Repairs (when in another language – translation into English must be provided)
- Photographs of all damage being claimed - photos must clearly show the damage and the location of the damage being claimed.
- Ocean Bill of Lading
- Landing account and weight notes at final destination
- Correspondence exchanged with a Carrier and other parties regarding their liability for the loss or damage.

Please contact the below if you have any questions or require further information.

Claimant Full Name and Address:

Phone:
Email: