

CLAIM SUBMISSION FORM

Email: claims@tgal.us

Ref. No:
Vehicle:
VIN:
Port of Load:
Port of Arrival:
Vessel / Voyage
ETS:
ETA:
Vehicle Delivery Date:
Today's Date:

Dear Sirs,

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

- Provide a statement saying you did not take Marine Insurance Coverage
- Were you offered Marine Insurance YES NO
- 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.,)
- Vehicle 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 and Country:

Phone:
Email:
*All non-covered marine insurance claims must be submitted within 30 days of vehicle receipt
*Claim reviews and final determinations are estimated to be complete within 90 days of claim receipt