

Marine Cargo Claim Form

Claims Department

Chubb Insurance Hong Kong Limited 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong O +852 3191 6800 F +852 2560 3565 E MarineClaims.HK@chubb.com www.chubb.com/hk

Important Information:

- 1. This form should be completed as fully and accurately as possible and return to us immediately whether a claim has been made on the Insured or not. If the space is not enough or no applicable field is available, please supplement information by attachment.
- 2. The list of documents required is not exhaustive and we reserve our right to request any additional information / documentation from you, as necessary.
- 3. The submission on an incomplete form or insufficient information or supporting documents my delay the processing or result in the denial of your claim.

Part I – General Inf	ormation								
Insured Name:					Policy Number:				
Claimant Name:					Role of Claimant	☐ Shipper ☐ Other:	□Consignee		
Address:					1	T = Outer:			
Contact Name:									
Telephone:					Email Address:				
Part II – Details of t	he Loss								
Date of Arrival:					When was the loss discovered?				
Brief description					•				
(includes cause of loss or c	lamage):								
Where did the loss discovered?									
Part III – Details of the Transit									
Voyage:	(From)				(To)				
On Board / Flight Date:					Vessel Name / Flight Number:				
Types of Transport:	□Own Vehicle	□Road Carrier	□Rail	□Post	□Sea □Air				
INCOTERMS:									
Part IV – Details of the Goods									
If goods are damaged, where can they be inspected? (please advise contact name and phone number)									
Have Police been notified	□Yes □No								
							1		

Part V – Detailed Statement of Claim (if insufficient room, please attach a separate schedule)											
Full Description of Item (e.g. m	Details of los	ss or damage	Sum Insured		Amount Claimed						
Part VI – Claim Payment De	etails (for fast pay	vment of clai	ms, please prov	ide vour bank	account	t details)					
Name of Bank:		,	, F	J							
Account Name:											
Account Number:				Swift Code:							
Bank Address:											
Account Curronary											
Account Currency: Part VII – Declaration & Au											
I / We declare that to the best of my made without reservation of any kind. I / We further hereby declare and ag this claim form or otherwise obtaine rms, accountants, actuaries, loss adjusted and as more particularly set out in the application, (2) to provide insurance provide such consent, or revoke my the Chubb Privacy Information Collection of any personal information the Personal Data Privacy Officer of Signature of Insured Person & Comp	d. A photocopy of this ree, that the personal d, may be used by Chuudicators and claims in the Chubb Privacy Information of consent, Chubb I ection Statement can be urance Hong Kong Limon concerning themse Chubb Insurance Hong	information collections information collections in the information collections, document conductions and the information conductions are found at www. Instead has collected by Chu	ected or held by Chu ong Kong Limited or tors and other medi on Statement for the t insurance claims o Kong Limited may n chubb.com/hk. d information as afo bb Insurance Hong	bb Insurance Hon disclosed to any i cal service provide following purpose r analysis. I / We until be able to processe for said shall have to Kong Limited. A replace, 979 King's I	g Kong Lin ndividual of er within or es: (1) to as understand ess or asses the right of equest for a Road, Quar	ginal. nited, whether contained in or organization such as legal r outside Hong Kong SAR seess and process this d that if I / We do not so my / our claim. A copy of faccess to and to request such access may be made to					
Signature of Insured Person & Comp	any Cnop:		Name of Insured F	erson (m block car	PITALS):						
			HKID Card No. of	Insured Person:							
Date Signed:											
Part VIII – Required Docun	nents										
Please enclosed the following docum Certificate of Insurance/ Insur Bill of lading/ Air waybill Commercial Invoice (with INC Packing list Photos showing the damaged	rance Policy	ller and buyer)									

Chubb. Insured.™

Confirmation letter issued by forwarder (for non-delivery cargo only)