

Marine Cargo Claim Form

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 may delay the processing or result in the denial of your claim.

Part I – General Information

Insured Name:		Policy Number:	
Claimant Name:		Role of Claimant:	☐ Shipper ☐ Consignee ☐ Other:
Address:			
Contact Name:			
Telephone:		Email Address:	

Part II – Details of the Loss

Date of Arrival:		When was the loss discovered?	
Brief description (includes cause of loss or damage):			
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? (applicable for loss due to theft, missing and non-delivery only)	☐ Yes ☐ No
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Part V – Detailed Statement of Claim (if insufficient room, please attach a separate schedule)

Full Description of Item (e.g. make, model, age)	Details of loss or damage	Sum Insured	Amount Claimed

Part VI – Claim Payment Details (for fast payment of claims, please provide your bank account details)

Name of Bank:			
Account Name:			
Account Number:		Swift Code:	
Bank Address:			
Account Currency:			

Part VII – Declaration & Authorization

I / We declare that to the best of my knowledge and belief the above statements and particulars contained are in all respects true and complete and are made without reservation of any kind. A photocopy of this authorization shall be considered as effective and valid as the original.

I / We further hereby declare and agree, that the personal information collected or held by Chubb Insurance Hong Kong Limited, whether contained in this claim form or otherwise obtained, may be used by Chubb Insurance Hong Kong Limited or disclosed to any individual or organization such as legal firms, accountants, actuaries, loss adjudicators and claims investigators, doctors and other medical service provider within or outside Hong Kong SAR and as more particularly set out in the Chubb Privacy Information Collection Statement for the following purposes: (1) to assess and process this application, (2) to provide insurance and customers services, (3) to conduct insurance claims or analysis. I / We understand that if I / We do not provide such consent, or revoke my / our consent, Chubb Insurance Hong Kong Limited may not be able to process or assess my / our claim. A copy of the Chubb Privacy Information Collection Statement can be found at www.chubb.com/hk.

Any persons from whom Chubb Insurance Hong Kong Limited has collected information as aforesaid shall have the right of access to and to request correction of any personal information concerning themselves held by Chubb Insurance Hong Kong Limited. A request for such access may be made to the Personal Data Privacy Officer of Chubb Insurance Hong Kong Limited at 39/F, One Taikoo Place, 979 King's Road, Quarry Bay, Hong Kong.

Signature of Insured Person & Company Chop:	Name of Insured Person (in BLOCK CAPITALS):
	HKID Card No. of Insured Person:
Date Signed:	

Part VIII – Required Documents

Please enclosed the following documents (if applicable):

1. Certificate of Insurance/ Insurance Policy
2. Bill of lading/ Air waybill
3. Commercial Invoice (with INCOTERMS between seller and buyer)
4. Packing list
5. Photos showing the damaged goods
6. Confirmation letter issued by forwarder (for non-delivery cargo only)

Chubb. Insured.™