



# TRI-MARINE ACCEPTANCES (PTY) LTD

Company Registration No: 2012/089555/07

**Marine Insurance Specialists**

W: www.trimarine.co.za | FSP No: 44286

A: Unit UF02, Pedal Power House, Greenford Office Estate, Punters Way, Kenilworth, 7700.

PA: P.O Box 347, Plumstead, 7801, Cape Town, South Africa.

T: +27 21 701 8023 | 701 7948 | 701 7943 | F: +27 21 701 7912

## CONTAINER - CLAIM FORM

INSURED'S DETAILS:											
NAME OF INSURED:											
CONTACT NAME:											
TELEPHONE NUMBER:											
PHYSICAL ADDRESS:											
VAT REFERENCE NO:											
BROKER'S DETAILS:											
NAME OF BROKER:											
CONTACT NAME:											
TELEPHONE NUMBER:											
BROKER'S REFERENCE:											
POLICY DETAILS:											
POLICY NUMBER:											
DEDUCTIBLE:											
POLICY PERIOD:		FROM:	TO:								
CONTAINER INSPECTION REPORT NO:											
REPORT DATE:		REPORT TIME:		PORT:							
ORIGINAL SEAL:		BEFORE INSPECTION:		AFTER INSPECTION:							
LOADPORT:		DISCH. PORT:		TRANS. PORT:							
CONTAINER DAMAGE DESCRIPTION:											
<b>CONTAINER DESCRIPTION:</b>											
<input type="checkbox"/>	20'	<input type="checkbox"/>	40'	<input type="checkbox"/>	Reefer	<input type="checkbox"/>	Tank	<input type="checkbox"/>	Empty	<input type="checkbox"/>	Den
<input type="checkbox"/>	Aluminium	<input type="checkbox"/>	Steel	<input type="checkbox"/>	Fibreglass						
<b>DAMAGE CODES:</b> B (Bruise) C (Cut) D (Dent) H (Hole) BR (Broken) M (Missing) R (Rust) S (Distorted)											



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<ul style="list-style-type: none"> <li>1. Corner Filling</li> <li>2. Font Top Rail</li> <li>3. Bottom End Rail</li> <li>4. Tunnel</li> <li>5. Cross Members</li> <li>6. Left Side</li> <li>7. Front Side</li> <li>8. Top Side Rail</li> <li>9. Tarp Tiedown Rings</li> <li>10. Corner Post</li> <li>11. Side Post</li> <li>12. Fork Pockets</li> <li>13. Hinges</li> </ul>	<ul style="list-style-type: none"> <li>14. Door Gasket</li> <li>15. Locking Bar</li> <li>16. Locking Bar Retainer</li> <li>17. Rear Bottom Rail</li> <li>18. Side Rail</li> <li>19. Door Holdback</li> <li>20. Locking Bar Handle</li> <li>21. Corner Post</li> <li>22. Right Side</li> <li>23. Open Top Tarpauling</li> <li>24. Locking Bar Keeper</li> </ul>	
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**REMARKS:**

Container Manufactured:			
Light Test:			
Silver Nitrate Test:			
Cargo:		Quantity Manifested/Found:	
Stowage:		Packaging:	
INSPECTED BY:		DATE:	
SIGNATURE:		TIME:	

**DECLARATION AND CONSENT**



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### DECLARATION

I/We solemnly declare that I/We have suffered loss or damage to the property as described above and that the said loss/damage occurred in the circumstances described.

### GENERAL POPI CONSENT CLAUSE

By providing the information on your claim form, you agree that we may use this information to provide you with insurance service and for administrative purposes. You also agree that we may disclose this information to persons that it is necessary to disclose this information to, to provide you with insurance services.

Should a settlement be accepted following the completion of this claim form,

The Parties acknowledge that for the purposes of performing this contract, it will be necessary to process the insured's private information including making that information available to other associated parties, insurers or reinsurers. In addition, the insured consents to the transfer of that information to the reinsurers even if those reinsurers are situated outside the Republic of South Africa, for use in connection with the performance of this contract and any related reinsurance contract.

NAME OF SIGNATORY:

SIGNATURE:

DATE: