

**TRI-MARINE ACCEPTANCES (PTY) LTD**

Company Registration No: 2012/089555/07

Marine Insurance Specialists

W: [www.trimarine.co.za](http://www.trimarine.co.za) | FSP No: 44286

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

T: +27 21 701 8023

E: [info@trimarine.co.za](mailto:info@trimarine.co.za)

## CARGO – CLAIM FORM

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### IMPORTANT PROCEDURE IN THE EVENT OF LOSS OR DAMAGE FOR WHICH INSURERS MAY BE LIABLE, LIABILITY OF CARRIERS, BAILEES OR OTHER THIRD PARTIES

It is the duty of the Insured and their Agents, in the event of loss or damage for which underwriters may be liable, to take such measures as may be reasonable for the purpose of averting or minimizing a loss and to ensure that all rights against Carriers, Bailees or other third parties are properly preserved and exercised, in particular, the Insured or their Agents are required:

- To claim immediately on the Carriers, Port Authorities or other Bailees for any missing packages.
- In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition.
- When delivery is made by container, to ensure that the Container and its seals are examined immediately by their responsible official.
- If the Container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification.
- To apply immediately for survey by Carriers' or other Bailees' Representatives if any loss or damage be apparent and claim on the Carriers or other Bailees for any actual loss or damage found at such survey.
- To give notice in writing to the Carriers or other Bailees within 3 days of delivery if the loss or damage was not apparent at the time of taking delivery.

NOTE - The Consignees or their Agents are recommended to make themselves familiar with the Regulations of the Port Authorities at the port of discharge.

### DOCUMENTATION REQUIRED

To enable claims to be dealt with promptly, the Insured or their Agents are advised to submit all available supporting documents without delay, including when applicable:

- Original policy or certificate of insurance or marine declaration as applicable.
- Original or copy shipping invoices, together with shipping specification and/or weight notes. Original Bill of Lading or Airwaybill or Consignment Note and/or other contracts of carriage. Survey report or other documentary evidence to show the extent of the loss or damage.
- Landing account and weight notes at destination.
- Correspondence exchanged with the Carriers and other Parties regarding their liability for the loss or damage.
- Packing list (when applicable).
- Insured's formal priced claim on official company letterhead.

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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:

**CLAIM INFORMATION:**

DATE OF LOSS / DAMAGE:

NAME OF VESSEL / AIRLINE /  
TRANSPORTER:

VOYAGE / FLIGHT NUMBER:

DATE OF DESPATCH:

PORT OR PLACE OF SHIPMENT:

PORT OF PLACE OF DISCHARGE:

DATE OF ARRIVAL:

CONSIGNOR NAME AND ADDRESS:

CONSIGNEE NAME AND ADDRESS:

DATE OF FINAL DELIVERY:

WERE THE GOODS CHECKED AND  
DAMAGE/LOSS NOTED ON THE DELIVERY  
NOTE?

TERMS OF SALE:

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COMMODITY:	
TYPE OF PACKAGING:	
WHERE DID LOSS OR DAMAGE OCCUR?	
NATURE OF LOSS: (E.G. WETTING, BREAKAGE, SHORTAGE ETC.)	
EXTENT OF LOSS:	
ESTIMATE OF LOSS:	
<i>If goods are damaged or packages pilfered, please provide address where the goods and original packing can be inspected:</i>	
<b>DECLARATION AND CONSENT:</b>	
<b>DECLARATION</b> 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.	
<b>GENERAL POPI CONSENT CLAUSE</b> 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.	
<b>NAME OF SIGNATORY:</b>	
<b>SIGNATURE:</b>	<b>DATE:</b>