

CLAIM NOTIFICATION FORM



| | | | |
|-------------------|--|---------------|--|
| Claim reported to | | Date reported | |
|-------------------|--|---------------|--|

Broker

| | | | |
|-----------------------|--|---------------------|--|
| Broker trading name | | Broker claim ref no | |
| Broker contact person | | Email address | |
| Broker phone no | | Fax no | |

Insured

| | | | |
|----------------------------|--|---------------|--|
| Insured trading name | | | |
| Insured's contact person | | Email address | |
| Insured's phone no | | Fax no | |
| Insured's physical address | | | |

Policy

| | | | |
|---------------|--|------------------|--|
| Policy number | | Decl/Cert number | |
|---------------|--|------------------|--|

Policy section

| | | | | | | | |
|---------|--|---------|--|-----|--|------------------------|--|
| Imports | | Exports | | Git | | Storage/ Exhibition | |
|---------|--|---------|--|-----|--|------------------------|--|

Cargo/Goods

| | | | |
|------------------------------------|--|---------------|--|
| Cargo/goods details | | | |
| Insured value | | Invoice value | |
| INCO terms | | BOV | |
| Estimate of loss | | Salvage | |
| Date of loss/ETD | | Time | |
| Vessel/transport mode/reg no | | | |
| Brief description of cause of loss | | | |
| Where did it happen | | | |
| Where are goods/cargo now? | | | |

| | | | |
|---|-----|----------------|--------------|
| SAPS case no if theft/ hijacking | | Police station | |
| Contact person & numbers (if differs from insured's details) | | | |
| Surveyor appointed | | Date appointed | |
| Surveyor ref | | | |
| Claim registered | YES | NO | Our claim no |
| Completed by | | | |