



## MARINE CARGO CLAIM FORM

### POLICYHOLDER DETAILS

|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
|--------------------------------------|----------|--|-----|--|-----|--|-----|--|-----|--|-------|--|
| Policyholder                         |          |  |     |  |     |  |     |  |     |  |       |  |
| Policy Number                        |          |  |     |  |     |  |     |  |     |  |       |  |
| Telephone Number                     |          |  |     |  |     |  |     |  |     |  |       |  |
| Email Address                        |          |  |     |  |     |  |     |  |     |  |       |  |
| Description of Goods                 |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
| Address where Goods may be viewed    |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
| Terms of Sale (select one)           | Ex Works |  | FOB |  | C&F |  | CFR |  | CIF |  | Other |  |
| Describe Loss/Damage                 |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
| Amount Claimed (Attach valued claim) |          |  |     |  |     |  |     |  |     |  |       |  |
| Cause of Loss                        |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
| Describe packaging and its condition |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |
|                                      |          |  |     |  |     |  |     |  |     |  |       |  |

### DATES

|                               |  |         |  |
|-------------------------------|--|---------|--|
| Unloaded from Vessel/Aircraft |  |         |  |
| Received by Consignee on      |  |         |  |
| Damage/Loss discovered on     |  |         |  |
| Reported to Insurer by        |  | on date |  |

### TRANSIT DETAILS

|                   |  |                         |  |
|-------------------|--|-------------------------|--|
| From              |  | To                      |  |
| Number of Vessel  |  | Voyage Number           |  |
| Shipping Company  |  | Container Number        |  |
| Airline           |  | Flight Number           |  |
| Road Carrier      |  | Waybill Number          |  |
| Rail Carrier      |  | Consignment Note Number |  |
| Freight Forwarder |  |                         |  |

|  |  |
|--|--|
| Customs/Clearing Agent                 |  |
| Container Depot /<br>Devanning Station |  |

## GENERAL

|   |     |  |    |  |
|---|-----|--|----|--|
| Was the damage/loss noted at the time of delivery?          | YES |  | NO |  |
| If NO, please explain.                                      |     |  |    |  |
|   |     |  |    |  |
| If YES, was this noted on the delivery document?            | YES |  | NO |  |
| Has the shipping company/carrier surveyed the damage?       | YES |  | NO |  |
| Has a claim been lodged against a shipping company/carrier? | YES |  | NO |  |

## TRANSIT DETAILS

- Original documents are required.
- Please attach the following documents to this form:
  - Original policy / certificate of insurance;
  - Original bill of lading, consignment / freight notes, air waybill;
  - Supplier's invoice for full shipment;
  - Original or copy of shipping invoice, together with shipping specification and/or weight notes;
  - Packing lists, if applicable;
  - Copy of delivery receipt and /or damaged/ullaged/pilfered package report;
    - When goods are received, a delivery receipt is usually signed. If the goods are damaged or partially missing, the receipt is given to the carrier should note that the goods are damaged or partially missing. If the exterior packing is damaged, then this could be noted on the delivery note.
    - Goods noted to be discrepant at the time of unpacking from a container should have been inspected a damaged, ullaged or broached package report should be completed prior to collection by the consignee.
  - Copy of initial notice of claim lodged against carriers;
    - This is a written notice of loss or damage to goods given to transport operators of freight forwarders.
  - Copies of all correspondence entered into with carriers and other parties regarding their liability for loss or damage;
  - Itemised valued claim;
    - A valued claim is a claim with an accurate value of loss or damage.

## PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

# ONE

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

## DECLARATION

I declare that the answers given, whether in my handwriting or not, are true and complete to the best of my knowledge and belief and will form the basis of the claim.

I understand that any misrepresentation or non-disclosure of material facts shall render the claim null and void. Note: a material fact is one which may influence the assessment or acceptance of your claim. If you are in doubt as to the relevance of any information, please give details.

I understand that by signing this form, I consent to the processing of personal information for its designated purpose in terms of the POPI Act.

I confirm that I will assist ONE or their representatives in any way relevant to assess, validate and finalise this claim. I confirm that this document was completed freely and without intimidation or coercion by any party.

I confirm that the affixed signature is mine or that of my/our appointed authorised representative and that the signature binds the insured in all material respects.

Signed at: \_\_\_\_\_ Date: \_\_\_\_\_

Full Name: \_\_\_\_\_ ID Number: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Designation