Marine Cargo Claim Form



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

Liberty General Insurance Uganda Limited

			P.O. E														P.O. Box 22938 Kampala, Uganda t + 256 (0) 31 2246500													
Policy No.															Dat	e of p	oaym	ent c	of pre	mium	D	D	-	М	М	-	Υ	Υ	Υ	Υ
Name of insured																														
Address																														
														1																
Telephone number																		_			7									
When were goods lost or damaged?	D	D	-	М	М	-	Υ	Υ	Υ	Υ			Time	e of lo	SS			Н												
Claims arising from THEFT, PILFERAGE MUST BE	REP	ORTE	D TO	THE	POLI	CE																								
Address of Police Station, to which the loss was reported																														
Date reported	D	D	-	М	М	-	Υ	Υ	Υ	Υ			Time	e repo	orted			Н												
If the claim is for damage, where can the damaged goods be inspected?																														
Please give the following information about the le Description of goods	pad o	r cons	signm	nent: (Load	mea	ns all	the g	oods	on th	ne vet	nicle a	at the	time	of los	ss or c	dama	age)												
Number of packages:]		To	otal w	veight	t										
Total value of the whole load (Not merely the par	t lost	or da	mage	ed) Sh	S					İ				İ						ī										
Bill of Lading No. Railway/Truck Receipt No.																		Ť		 Date	D	D	-	М	M	-	Υ	Υ	Υ	Υ
Please give the following information about the \	/essel	 /Railv	vay W	⊥ √agon	/Veh	icle					1			1									J							
Make, Type and C.C.																														
Registration number																								Are y	ou the	e owi	ner?	Υ		N
If not, please give name and address of owners																														
Name of insurers of the conveying vehicle,																														_
train,ship Address of insurers of the conveying vehicle, train,ship																			+											
Please give the following information about the r	nen e	mplo	-	-	vehi	cle																								
			NA	ME														AGE						LENG	TH C)F SE	RVIC	E		

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Date of arrival of vessel/train/truck	D	D	_	M	М	-	Υ	Υ	Υ	Υ			Date of Movement of goods from Port, Railway Station/Truck													Υ				
Date of arrival at final destination	D																													
Nature of Damage/Loss					_						1																			
Whether any survey held at port/destination?	Y																													
Give details																														
							1				I					I				I		I	I	1	I					_
External condition at time of taking delivery Whether open delivery taken from railways/																														_
road transporters																														
Name of Consignors																														=
-																														_
Address of Consignors																														_
																														_
Where were the goods picked up?									Y	1	N	1																		
	a clean receipt/Bill of Lading given at the time of loading?														I		I			I	I	I	T		T					
Name of Consignors																														_
Address of Consignors																													_	ᆜ
											1																			
What receipt was given on delivery?		Clea	n?								Claused or qualified in any way?																			
Did you carry the goods as	F	cipal o	contr	acto	r?					Sub- contractor																				
If a sub-contractor, were you charged premium	for insurance of the goods?										N																			
Please give name and address of principal contractor																														
If as principal contractor, did you charge your sub-contractor premium for the																														
insurance of this load? Did the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count or check the consignation of the driver himself count of the driver himself count or check the consignation of the driver himself count or check the driver himself count of t	nunt or chock the consignment?												N If conditions of carriage apply, please submit details																	
How were the goods packed?									Y																					
	.m?								V	1	NI.	1																		
Does this form of packing accord with the custom? Y N Please give the following information about the goods lost or damaged																														
	goods io:	SLO	uaiii	lagec		ĺ	ĺ																							
Description of goods												1									Tot	al we	iabt		<u> </u>	<u> </u>				\equiv
Number of packages]									101	.di We	igrit							
Value of goods lost or damaged: Shs]																		
Less Salvage (if any)]																		
Amount of claim]																		
Less Excess under the policy (if any)																														
Net claim																														
Note: The following documents, where applicable, are required in support of this claim and should be attached to this form: (a) Invoice																														
(a) Invoice(b) A true copy of the receipt given for the goo		equi	red in	supp	port	of this	s claim	n and	shou	ıld be	attac	.nea t) LI IIS																	
 (a) Invoice (b) A true copy of the receipt given for the good (c) Bill of Lading/Lorry or Railway Receipt (d) Packing list 		equi	red in	ı sup	port (of this	s clain	n and	shou	ıld be	attac	.nea t) LI IIS																	
(a) Invoice(b) A true copy of the receipt given for the goo(c) Bill of Lading/Lorry or Railway Receipt	ods		red in	ısupp	port (of this	s claim	n and	shou	ıld be	attac	.nea t) LI IIS																	
 (a) Invoice (b) A true copy of the receipt given for the god (c) Bill of Lading/Lorry or Railway Receipt (d) Packing list (e) The signed delivery note obtained. 	ods		red in	ı supi	port	of this	s claim	n and	shou	ild be	attac	Liled to) UIIS																	
 (a) Invoice (b) A true copy of the receipt given for the god (c) Bill of Lading/Lorry or Railway Receipt (d) Packing list (e) The signed delivery note obtained. (f) All other relevant documents and all correspond 	ods spondend	ce.														of th	nis los	is.												

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