

# Marine Cargo Claim Form



LIFE INVESTMENTS HEALTH INSURANCE PROPERTIES ADVICE

**Liberty General Insurance Uganda Limited**  
3rd Floor, 99 Buganda Road  
P.O. Box 22938 Kampala, Uganda  
t + 256 (0) 31 2246500

Policy No.

Date of payment of premium   -   -

Name of insured

Address

Telephone number

When were goods lost or damaged?   -   -     Time of loss  H

Claims arising from THEFT, PILFERAGE MUST BE REPORTED TO THE POLICE

Address of Police Station, to which the loss was reported

Date reported   -   -     Time reported  H

If the claim is for damage, where can the damaged goods be inspected?

Please state exactly how and where the loss or damage occurred and say what action was taken immediately afterwards. A statement from the Driver/Transporter/Clearing Agent must be provided:

If in your opinion, the loss or damage was caused by the fault of any person or persons, give their names and addresses:

Please give the following information about the load or consignment: (Load means all the goods on the vehicle at the time of loss or damage)

Description of goods

Number of packages:  Total weight

Total value of the whole load (Not merely the part lost or damaged) Shs

Bill of Lading No. Railway/Truck Receipt No.  Date   -   -

Please give the following information about the Vessel/Railway Wagon/Vehicle

Make, Type and C.C.

Registration number  Are you the owner?

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 men employed on the vehicle

| NAME                 | AGE                  | LENGTH OF SERVICE    |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

**DECLARATION**

I/We declare the foregoing particulars to be true and complete and that I/We hold no other policy indemnifying me/us in respect of this loss.

Signature  Date  -  -