

## MARINE CARGO CLAIM FORM

INSURED NAME IN FULL
ADDRESS & TEL. NO
BUSINESS OF INSURED
POLICY NO
NATURE OF GOODS
COUNTRY OF ORIGIN
DESTINATION OF GOODS
NAME & ADDRESS OF CARRIER
NATURE OF CONTRACT (IF PRINTED ENCLOSE COPY)
DATE GOODS WERE DELIVERED
VALUE OF CONSIGNMENT
AT WHAT POINT WAS THE LOSS DISCOVERED?
CIRCUMSTANCES OF LOSS
AMOUNT OF CLAIM
VALUE OF SALVAGE IF ANY
CONDITION OF CONSIGNMENT WHEN RECEIVED
IF CLAIM FOR RECOVERY MADE AGAINST CARRIER OR THIRD PARTIES GIVE PARTICULARS AND RESULT
(CORRESPONDENCES SHOULD BE ATTACHED TO THIS FORM)
IS THERE ANY OTHER INSURANCE COVERING THE LOSS?
IF SO, STATE THE NATURE OF COVER & COMPANY INTERESTED
I/We further declare that the Details of loss mentioned on the other side, and insured under the Marine certificate

number dated under the policy of Marine Insurance with Linkage Assurance Plc was damaged or short landed to the extent of the amount there specified.

I/We further declare that

(Here state nature of your interest, whether sole owner or holding the property in trustor on commission or

## otherwise of the property referred to above except as stated overleaf.)

Witness my/our hand this	day of	20	
Signature of the Claimant			

## INSTRUCTIONS

- In an event of loss or damage which may give rise to a claim under this policy, notice must be given immediately.
- The Cash Value of property stolen, destroyed or Short delivered by peril insured against shall in no case exceed what would be the cost to the insured or replacing the same: and in case of the depreciation of such property from use, or otherwise, a corresponding deduction shall be made from the cost of replacement in order to ascertain the actual Cash value immediately before the loss.

N.B When the policy is subject to the average or pro rata condition, a full and exact statement of the whole value of the property within the protection of the policy or of the item or items under which the claim is made must be furnished.

QUANTITY	DESCRIPTION OF THE PROPERTY	DATE AND PLACE OF PURCHASE	PRICE PAID (N)	VALUE IMMEDIATELY BEFORE THE LOSS	AMOUNT CLAIMED (N)

## PARTICULARS OF THE CLAIM

Head Office: Plot 20, Block 94, Providence Str, Off Adewunmi Adebimpe Str, Lekki Phase 1, Lagos.

Tel: 0700LINKCARE (070054652273), 0700LINKAGE (07005465243) Email: Info@linkageassurance.com Web: www.linkageassurance.com