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SunAlliance Insurance plc. Shanghai Branch Cargo Claim Form

The Insurers do not admit liability by the issue of this form.

Claimant _____ Phone _____
Address _____ Fax _____

Cargo Details

Policy/Certificate number _____

Description of cargo _____

Number & type of packages _____

Cargo containerised? **yes~no** If yes, FCL LCL ISO hard top ISO open top ISO flat rack
 ISO insulated box Other

Container number _____

Voyage Details

From _____ Transhipped _____ To _____

Vessel name(s) _____ Voyage/Flight no(s) _____

Import Export Within China

Terms of sale Ex works CFR FOB CIF FIS Other

Date goods _____ · Unloaded from overseas vessel/craft / / · Received at final store / /

Shipping Company / Airline name _____

Road Carrier's name _____

Customs Agent's name _____

Address _____

Loss Details

Please describe the nature of the damage and how it occurred

Date damage discovered / / Customs inspection date / / at _____

Loss estimate \$ _____

Cause of loss/damage attributed to: _____

Action taken to reduce damage/safeguard cargo _____

Was the damage/loss noted at the time of delivery? **yes~no** (Please circle)

If no, why not? _____

If yes, was this noted on delivery documentation? **yes~no**

Describe the external condition of the packages when delivered _____

Has the shipping company/carrier surveyed the damage? **yes~no**

Has a claim been lodged against the shipping company/carrier? **yes~no**

Documentation

· ***Original documents are required.***

· ***Please tick the name of each document attached to this form.***

- Commercial invoice
- Packing list
- Original marine insurance policy/certificate of insurance
- Original bill of lading/airway bill (or legible copy with reverse side)
- Claused delivery receipt;
- Letter against common carrier and their reply (if any)
- Photos
- Claim notes/Statement of Claim
- Other relevant documents

Declaration

I/We declare that the answers given above and overleaf are true and correct and I/we have not withheld any information or details of previous claims or any other material fact likely to affect acceptance of this claim.

Signature of Claimant _____ *Date* / /
Print Name _____ *Position* _____