



# اينسورنس ناسيونل

## NATIONAL INSURANCE COMPANY BERHAD

(Incorporated in Negara Brunei Darussalam)

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### MARINE CLAIM FORM

#### IMPORTANT NOTES

- Please read the instructions in this claim form carefully and complete as fully as possible.
- If the space provided is not sufficient, please provide the requested information on a separate sheet and attach it to the claim form.
- We reserve the right to request for the original receipts, reports or any other supporting documents as and when required.
- If the document is in a foreign language, you are required to provide an English translation at your own expense.
- As each claim is unique, further information may be requested by us.
- If any part of your claim is dishonest or fraudulent in nature, your claim will be denied and we reserve the rights to refer the matter to the appropriate authorities.
- If you do not wish to pursue this claim after your submission please write in to inform us.

#### **Procedure in the event of loss or damage for which underwriters may be liable. Liability of carriers, bailees, or other third parties.**

It is the duty of the Assured and their Agents, in all cases, to take such measures as may be reasonable for the purpose of averting or minimizing a loss and to ensure that all rights against Carriers, Bailees or other third parties are properly preserved and exercised. In particular, the Assured or their Agents are required:

1. To claim immediately on the Carriers, Port Authorities or other Bailees for any missing packages.
2. In no circumstances, except under written protest, to give clean receipts where goods are in doubtful condition.
3. When delivery is made by Container, to ensure that the Container and its seals are examined immediately by their responsible official. If the Container is delivered damaged or with seals broken or missing or with seals other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals for subsequent identification.
4. To apply immediately for survey by Carriers' or other Bailees' representatives if any loss or damage be apparent and claim on the Carriers or other Bailees for any actual loss or damage found at such survey.
5. To give notice in writing to the Carriers or other Bailee within 3 days of delivery if the loss or damage was not apparent at the time of taking delivery.

*NOTE:* The Consignees or their Agents are recommended to make themselves familiar with the Regulations of the Port Authorities at the port of discharge.

**The issue of this form is not an admission of liability. It should be completed as fully and accurately as possible and returned immediately.**



**CLAIM DETAILS** (All necessary details shall be answered in this section)

1) Name of Carrier / Agent / Forwarder / Shipper:	
2) Address and contact details of Carrier / Agent / Forwarder / Shipper:	
3) Mode of transport from Port of Discharge:	
4) Vessel / Carrier / Flight Number:	
5) Consignment Note No.:	
6) Bill of Lading No. / Seaway Bill No. / Airway Bill No. :	
7) Consignee:	
8) Consignee's Address:	
9) Inland transportation document number:	
10) Voyage / Flight From:	
11) Voyage / Flight To:	
12) When is the date of dispatch?	DD MM YY
13) When is the date of arrival at warehouse?	DD MM YY
14) When was this loss or damage discovered?	DD MM YY
15) Who discovered this loss or damage?	
16) Was there any joint survey made with Carrier / Agent /	YES / NO

Forwarder / Shipper?	State name, contact and address:
17) Was there any joint survey made with the customs authority?	<p style="text-align: center;">YES / NO</p> <p>If you have answered 'Yes', state if there is any other details:</p>
18) Have you reported the loss to the Police? (If you have answered Yes, please attach with police report / statement)	<p style="text-align: center;">YES / NO</p>
19) Please provide details including names and details of any other interested parties (i.e. finance or lease company)	
20) Describe in detail the nature of loss or damage:	
21) Is there any prior loss or damage experienced?	<p style="text-align: center;">YES / NO</p> <p>If you have answered 'Yes', state the frequency and extent of loss.</p>

22) Statement of claim (Please provide on a separate sheet if there is insufficient space)

Description of item lost/damaged	Original Purchase Price (state currency against Invoice Date)	Date of Original Purchase	Place of Purchase	Amount Claimed / Present cost of repair or replacement (please provide documents)	Proof of ownership. Yes/No
Total					
Freight charges					
Exchange rate					
Total amount claimed (BND)					
Less Total Salvageable Value (BND) (if there is any)					
Net Value To Be Claimed (BND)					

Please provide us with the following documents to support your claim:

- Original or copy of shipping invoices (i.e. freight invoices)
- Customs entry form
- Pre-shipment inspection document (i.e. documentation that is made prior to Consignee / Insured making payment via Letter of Credit (LC ))
- Customs inspection report at port
- Wharf delivery docket
- Shipping specification and weight notes (export packing/weight/inventory list).
- Original Bill of Lading / Bill of entry and /or other contract of carriage.
- Inland transportation documents at final destination (i.e. port to warehouse).
- Survey report or other documentary evidence to show the extent of the loss or damage.
- Landing account and weight notes at final destination.
- Correspondence exchanged with Carriers and other Parties regarding liability for the loss or damage.
- Quotations for repair / replacement (if there are any damages)
- Any other evidence of loss or damage including photographs.

**DECLARATION**

Are there any insurance covering you for the event that is the subject of your claim?  Yes  No

If you have answered "Yes", please provide your policy number and name of the insurance company:

I/we declare that the answers given by me/us in this form are in every respect true and correct and that no material information that is likely to affect this claim has been withheld nor any relevant circumstances omitted. I/we agree to the Company seeking information in connection with this claim from any source and I/we authorize the giving of such information in order to handle my/our claim.

Declared on

\_\_\_\_\_  
Authorized signature and Company's stamp

\_\_\_\_\_  
Signature of Claimant

**PAYMENT DETAILS**

Please note that payment will be made to you by cheque. Kindly provide us with your details as follows:

Payee / Beneficiary's Name: \_\_\_\_\_

Payee / Beneficiary's Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Payee / Beneficiary's Identity No.: \_\_\_\_\_