

Head Office:

Plot 1 Bombo Road | P.O. Box 9393, Kampala, Uganda
 ☎ +256 414 345996 | +256 752 262 119 📞 +256 767 695 190
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GOODS IN TRANSIT / MARINE INSURANCE CLAIM QUESTIONNAIRE

Insured, shipment and insurance details

IMPORTANT NOTICE

The issue of this form should not be taken as an admission of liability under the policy of Insurance issued.

G.I.T / Marine Claim No.

Policy / Certificate No.

INSURED / GOODS DETAILS

1. Names of Insured

2. Address

4. Description of the Goods Insured

5. Description of the Goods damaged

6. Country / Place of origin

7. Period of Insurance

8. Description of Voyage

9. Invoice Value

10. Names of Suppliers

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Transport and handling details

CARRIERS / TRANSPORT DOCUMENTS

11. Name of Ship Discharging the Goods

Port of Discharge

12. Name of Road/Air carriers

13. Bill of Lading No.

Date

14. State if there is any Transhipment

15. Railway Waybill No.

Date

16. Delivery Note No.

Date

17. Date when Goods were landed/off-loaded from the conveying Vehicle

18. Date when Goods were collected from Carriers/Clearing Agents at Destination

19. Names of Clearing Agents

20. Date when Goods were opened or Examined by Insured

21. Date when Loss/Damage was noticed

22. Actions taken on noticing Loss/Damage

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Notification, survey and claim details

NOTIFICATION / SURVEY

23. Date when first notification of Loss was made to Insurance Company / Surveyors

24. Reason for delay if any

25. External condition of Goods when taking delivery

26. Were damages/shortages endorsed by carriers/Clearing Agents

☐ Yes ☐ No

27. Has a claim been lodged on the parties holding them responsible

☐ Yes ☐ No

28. What has been the reaction towards liability? (Attach copies of correspondences exchanged)

29. Nature of packing

30. Has a joint survey been carried out

☐ Yes ☐ No

31. Estimate of Loss/Damage you wish to claim on the policy issued to you. Attach schedule of expenses included in the amount.

32. State probable cause of damage or loss

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Ownership, certification and schedule

33. Are you the sole owner of the goods damaged/lost? If not state all other parties interested in the Goods.

CERTIFICATION

34. We/I hereby certify that the answers and particulars as given herein regarding this claim are to the best of our/my knowledge correct.

35. Date

Signature

SCHEDULE OF MISSING AND/OR DAMAGED GOODS

Marks & Numbers	Number of Packages	Description of Goods	Quantity - Sound	Quantity - Missing/Damaged