



## MARINE CARGO CLAIM FORM

### BROKER DETAILS

Name & Surname	
Contact Number	
Email Address	
Broker Reference	

### CLAIMANT DETAILS

Company Name												
Policy/Certificate Number												
Telephone Number												
Fax Number												
Email Address												
Description of Goods												
Address where Goods may be viewed												
Terms of Sale (select one)	Ex Works		FOB		C&F		CFR		CIF		Other	
Describe Loss/Damage												
Amount Claimed (Attach valued claim)												
Cause of Loss												
Describe packaging and its condition												

### DATES

Unloaded from Vessel/Aircraft			
Received by Consignee on			
Damage/Loss discovered on			
Reported to Insurer by		on date	

## TRANSIT DETAILS

From		To	
Number of Vessel		Voyage Number	
Shipping Company		Container Number	
Airline		Flight Number	
Road Carrier		Waybill Number	
Rail Carrier		Consignment Note Number	
Freight Forwarder			
Customs/Clearing Agent			
Container Depot / Devanning Station			

## GENERAL

Was the damage/loss noted at the time of delivery?	YES		NO	
If NO, please explain.				
If YES, was this noted on the delivery document?	YES		NO	
Has the shipping company/carrier surveyed the damage?	YES		NO	
Has a claim been lodged against a shipping company/carrier?	YES		NO	

### To ensure prompt handling of your claim, please submit the following documents:

1. **Original policy wording / certificate of insurance**
2. **Original Bill of lading, consignment / freight notes, air waybill**
3. **Original supplier's invoice for full shipment**
4. **Original shipping invoice, together with shipping specification and/or weight notes**
5. **Copy of Packing lists**
6. **Copy of delivery receipt and /or damaged/ullaged/pilfered package report**  
*(When goods are received, a delivery receipt is usually signed. If the goods are damaged or partially missing, the receipt is given to the carrier who should note that the goods are damaged or partially missing. If the exterior packing is damaged, then this could be noted on the delivery note) Goods noted to be discrepant at the time of unpacking from a container should have been inspected and damaged, ullaged or broached package report should be completed prior to collection by the consignee).*
7. **Copy of initial notice of claim lodged against carriers**  
*(This is a written notice of loss or damage to goods given to transport operators of freight forwarders. Copies of all correspondence entered into with carriers and other parties regarding their liability for loss or damage)*
8. **Itemised valued claim**  
*(A valued claim is a claim with an accurate value of loss or damage)*
9. **Please provide the policy case reference number (if applicable)**



## PROCESSING NOTICE

This Notice is a summary of our Privacy Policy which describes how ONE, as responsible party, process your personal information as data subject, in terms of the Protection of Personal Information Act, 4 of 2013, (POPIA). For the full version please [click here](#) or contact us for a copy.

Your personal information will be collected and processed to enable ONE to give effect to your insurance policy in the processing of your claim. The processing of your personal information is mandatory to enable ONE to investigate the validity of your claim, eliminate any duplication of the claim and to quantify a valid claim. Should you choose to not provide us with your personal information we will not be able to process your claim.

Your personal information may be shared internally with employees required to process the claim and externally with ONE's affiliated companies, companies who supply services to ONE such as legal, administrative, and investigative services and other insurers. All third parties will only be provided with the personal information required for the purpose the information is being processed.

ONE has high levels of security in place to protect your personal information and require all third parties to comply with the standards as set out in POPIA.

You are entitled to ask ONE as responsible party for the particulars of personal information held as well as identity of any person who had access to such personal information. You may also request ONE to correct any incorrect information and to delete personal information under certain circumstances.

## DECLARATION

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Position