



PRIME INSURANCE COMPANY LIMITED

Chief Kilupula Building, Kamuzu Procession Road
P.O. Box 30280, Lilongwe 3, Malawi

MARINE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy Number: _____

1	Name & address of the consignors	
2	Name & address of the consignees	
3	Nature of goods	
4	Number & date of the Carrier's Receipt	
5	Place of dispatch	
6	Place of Destination	
7	Date of arrival of the consignment (Dates of landing & clearance)	
8	Date of dispatch to interior destination, if any	
9	Date of taking delivery at the final destination	
10	Reason for delay for taking delivery at final destination, if any	
11	Date when loss or damaged noted	
12	Total number of cases &/ or packages dispatched with marks if any	
13	Number taken delivery of	

14	Number not delivered by the Carriers (Air Carriers or Land carriers)	
15	Full details of the condition of the cases and/ or Packages taken delivery of	
16	If damaged in transit (Whether Port Examination Voucher / Airport Customs Remarks / Shortlanding Certificate / Cargo Removal Order obtained ? If so, attach the same	
17	Has claim been made against carriers	
18	If claim has not been lodged, state the reason for the same	
19	Sound market value of the goods on date of arrival	
20	Duty payable on sounds goods	
21	Further remarks (We also enclose herewith the following documents)	<ol style="list-style-type: none"> 1. Insurance Policy and/ or Certificate 2. Complete invoices together with supplementaries. 3. Copy of the bill of landing 4. Air or Land carriers survey report 5. Carriers Certificate (Rail, Lorry or Air) <p><i>(Strike out whichever not applicable)</i></p> <p style="text-align: center;">DETAILS OF DAMAGES</p> <p>Particulars of goods replacements</p> <p>Nature of Loss</p>

		Estimate of repairs or replacements. (please attach estimates)
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I/We hereby declare that the above questions have been conscientiously and faithfully answered and I/we would be liable for the correctness and completeness of the statement.

Signature

Date:

Place: