

CLAIM FORM

Note: If you find it necessary to submit a claim, please read the instructions on the reverse of this form prior to preparation of the claim. Failure to follow the instructions may complicate claims processing.

Certificate No. _____

Claimant _____ Date of Filing Claim _____
 Address _____
 Fax #: _____ Email address: _____
 Date Loss or Damage was discovered _____ Value of entire shipment \$ _____
 Pick up Address _____ Date of Pick Up _____
 Point of Delivery _____ Date of Delivery _____
 Were the goods in storage? Yes No : At Origin Destination BOTH
 Name and Address of Warehouse(s). _____
 Were these items insured under any other policy or insurance coverage? _____
 Packed by _____ Unpacked by _____
 Was an inspection done? Yes No If yes, who made inspection: Carrier Insurance Co. Survey Agent

INV	ARTICLE	AGE	DESCRIBE LOSS / DAMAGE	INSURED *VALUE	REPAIR *COST	AMOUNT *CLAIMED
	* Please state currency		Total Amount Claimed			

I/We the undersigned claimant(s), hereby makes a solemn oath to the truth of statements contained herein and exhibits attached hereto, and that no material fact is withheld that should be included in this report. This also is to certify that I/we have not received any merchandise claimed short missing from any source, to date. Should I/we receive this merchandise, from any source, I/we will promptly notify **PACIFIC CASUALTY & GENERAL INSURANCE LTD.** and delete the items from the claim, or if claim has been paid, I/we will return the monies paid.

Note: If all or any part of your claim is found to be fraudulent the entire claim will be denied.

Signature of Claimant(s)

DID YOU FOLLOW THE INSTRUCTIONS?

CLAIMS REPORTING PROCEDURES

General:

In the event of loss or damage believed covered by this certificate you must report same immediately to the destination agent or the Company, but in no event later than **14 days** from the date of delivery or discovery of loss or damage whichever occurred first. Once you have notified the **adjusters or the Freight Forwarder** of the claimed items, you have 120 days to gather and forward the requisite claim details and information.

Specifically:

1. a. IN THE EVENT YOUR CLAIM IS LIKELY TO EXCEED US\$3,000 CONTACT THE SURVEYOR LISTED ON THE CERTIFICATE FOR A SURVEY.

b. IN THE EVENT YOUR CLAIM IS FOR LESS THAN US\$3,000. PLEASE COMPLETE THE CLAIM FORM LISTING ALL LOSSES AND DAMAGE AND ATTACH ALL THE REQUIRED DOUCMENTS LISTED IN #7 BELOW. FORWARD SAME TO THE NEAREST LOSS ADJUSTERS LISTED #5 BELOW.

NOTE: Container and contents should be preserved in the condition that they were received until the survey has been completed unless further damage would result. SURVEY FEE IS PAID BY CONSIGNEE AND MAY BE INCLUDED IN ANY VALID CLAIM AGAINST THE COMPANY. SURVEYS ARE **NOT** AUTHORIZED IF LOSS DAMAGE IS LESS THAN US\$3,000.00

2. DO NOT give a clean receipt for goods that are in doubtful condition, particularly if container or packing cases show external signs of wetness or damage at the time of delivery. You will otherwise jeopardize the Company's rights of recovery.
3. This must be done immediately to preserve the Company's rights against third parties. CLAIM IMMEDIATELY FOR ANY MISSING OR DAMAGED PARCELS AT TIME OF DELIVERY. Write a letter to the destination agent, shipping company, and other bailees who transported your shipment stating that there has been damage/loss and attach a copy of same to claim form.
4. Complete the claim form and follow the instructions printed on it completely. NO CLAIM WILL BE CONSIDERED PROPERLY PRESENTED UNTIL THE COMPANY HAS RECEIVED THE COMPLETED FORM, SIGNED BY THE CLAIMANT.

All required documentation can be mailed, emailed, or transmitted by phone via whatsapp to the adjusters as per the following:

- (a) Email : claims-gi@ialhk.com
- (b) Whatsapp : (852) 6657 7872
- (c) Mail/Fax : International Administrators Ltd., 11/Fl., OTB Building, 160 Gloucester Road, Wan Chai, Hong Kong
Fax #: (852) 2838 9640

5. You must forward all documents within 120 days from the date of delivery or the date on which the loss was discovered whichever occurs first. If you are having difficulty in fulfilling this requirement you must write to the Adjuster requesting an extension of time to file and your reason(s) for same. The adjuster, will then consider such request.
6. Documents to be supplied by Assured:
 - a. Original Insurance Certificate (photo-copy is unacceptable)
 - b. Bill of Lading or Air waybill
 - c. Survey Report (if required as per Instruction 1.a. above)
 - d. Repair Estimates (Instruction 2)
 - e. Packing list made out by Mover
 - f. Correspondence transpiring between Insured and Shipping Company or other bailees as per Instructions 3
 - g. This Claims Form

7. REMEMBER TO QUOTE YOUR CERTIFICATE NO. IN ALL CORRESPONDENCE.