



SERENE INSURANCE COMPANY LIMITED

Head office: First Sky Tower, Com 25 Junction, After Kpone Barrier
P.O. Box PMB CO 90, Tema, Ghana
Telephone No. 0302-917444/6/7

MARINE CARGO CLAIM FORM

This form should be completed and returned to the company immediately, on noticing any discrepancy.

1. Name of Assured: _____ Policy/Certificate
No. _____

Address: _____

Business: _____
2. Voyage: Port of Origin: _____ Transshipment: _____
Destination: _____
3. Sailing Date: _____ Date of Arrival: _____ Bill of Lading No. _____
4. Ships' Agent: _____ Carrying
Vessel: _____
5. Cause of accident: _____

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6. Nature and extent of loss/damage: _____

Details of consignment damaged : _____

Estimated value of consignment loss/damaged: _____
7. Where was Loss detected: Consignee Warehouse Point of Loading Warehouse, Harbor
Po
8. What steps were taken to reduce loss?

9. Have any steps been taken to compromise or settle the matter in any way? If so, what and by whom?

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10. Has the Loss been reported to the carrier? _____



11. Give the name of Lloyds Agent if any, who inspected the damage: _____

12. Name and Address of clearing agent for consignment: _____

I/We hereby declare that to the best of my/our knowledge and belief, the above statements are fully and truly made.

Date; _____ Assureds Signature: _____

NOTE: refer to attachment for claim documentation

DOCUMENTATION OF CLAIMS

To enable claims to be dealt with promptly, the Assured or their Agents are advised to submit all available supporting documents without delay, including when applicable

1. Original certificate of insurance or policy.
2. Original or copy of shipping invoices, together with shipping specification and/or weight notes and/or Parking
- list.
3. Original Bill of lading and/or other contract of carriage
4. Survey report or other documentary evidence to show the extent of the loss or damage.
5. Landing account and weight notes at final destination.
6. Correspondence exchanged with the carriers and other Parties regarding their liability for the loss or damage
7. Auctioneer's account sale, where salvage is sold.
8. Customs Bill of Entry
9. Receiving Port Authority tally sheet or Harbour waybill

NOTE; It is necessary for the Assured when they become aware of an event which is "held covered" under this insurance to give prompt notice to Underwriters. The right to such cover is dependent upon compliance with this obligation

If you have any reason to contact our Regulator, you may reach them at the address below:

**Insurance Place
Independence Avenue
P. O. Box CT 3456
Cantonments, Accra
Ghana**

**Tel: +233 302 238300 / 238301
Fax: +233 302 237248 / 246369
E-mail: info@nicgh.org
Websites: www.nicgh.org**





