



## GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard    LIGUANEA Sovereign Ctr.    DOWNTOWN Duke Street    MANDEVILLE Midway Mall    MONTEGO BAY Fairview Shopping Ctr.    PORTMORE Portmore Town Ctr.  
Toll Free: 1-888-429-5GKG (429-5454) | Fax: 876-968-1920 | Email: gkginfo@gkco.com | Website: www.gkgeneral.com

### MARINE CARGO CLAIM FORM

Date: \_\_\_\_\_ Policy No. \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Address: \_\_\_\_\_

Contact No: \_\_\_\_\_ E-mail: \_\_\_\_\_

Name of Vessel: \_\_\_\_\_

Shipment Origin: \_\_\_\_\_ Shipment Destination \_\_\_\_\_

Sailing Date: \_\_\_\_\_ Date Delivery Taken: \_\_\_\_\_

Date of Arrival: \_\_\_\_\_ When was damage discovered: \_\_\_\_\_

Consignee's Name: \_\_\_\_\_

Consignee's Address: \_\_\_\_\_

Consignee's Contact No. \_\_\_\_\_

Description of Shipment: \_\_\_\_\_

Overview summary of details surrounding the claim \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Estimate of Loss (\$): \_\_\_\_\_ Value of Shipment (\$): \_\_\_\_\_

Loss Type: Shortages \_\_\_\_\_ Wetting \_\_\_\_\_ Damages \_\_\_\_\_

Number of pieces damaged: \_\_\_\_\_ Can the damages be repaired: \_\_\_\_\_

Were the goods transhipped? No/Yes \_\_\_\_\_ If yes give details: \_\_\_\_\_

\_\_\_\_\_

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings that may arise.

Date: \_\_\_\_\_ Insured Signature & Stamp \_\_\_\_\_

**The following documents are to be attached to the completed form:**

- **Copy of Bill of Lading, Invoice, Packing List & Notice of Arrival**
- **Damage Certificate**
- **Repair estimates**
- **Photos of Damaged cargo (if available)**
- **Any other document and correspondence that will support the claim.**