



Marine Cargo Claim Advice

Claim Form

Please print out for signatures and post original to your broker (if applicable) or directly to AIG.
Please answer all questions as fully as possible.

Name of Insured	<input type="text"/>		
Policy No.	<input type="text" value="MC"/>		
Claimant Company:	<input type="text"/>		
Are you are completing this claim on behalf of the Insured	<input type="text" value="YES / NO"/>		
OR the Consignee:	<input type="text" value="YES / NO"/>		
Location of Claimant Company:	<input type="text"/>		
Postal Address:	<input type="text"/>		
Contact Name:	<input type="text"/>		
Position in Company	<input type="text"/>		
Tel. No:	<input type="text" value="[]"/>		
Email/Fax:	<input type="text"/>		
Description of goods	<input type="text"/>		
Marks	Type	C/s No	<input type="text"/>
Sum Insured NZ\$	<input type="text"/>		
or other currency (state which)	<input type="text"/>		
Name of Vessel	<input type="text"/>		
Shipping Co.	<input type="text"/>		
Date of Arrival	<input type="text" value="/ /"/>		
Date of Customs Inspection	<input type="text" value="/ /"/>		
Date Damage was Discovered	<input type="text" value="/ /"/>		
What caused the Damage?	<input type="text"/>		
Describe the Damage	<input type="text"/>		
Estimated of value Loss or damage:	NZ\$	<input type="text"/>	
other currency	<input type="text"/>		
Date Goods Received into Consignees Store	<input type="text" value="/ /"/>		at <input type="text"/> am / pm
Explain any delay in notifying this loss	<input type="text"/>		
Was a clean Receipt given to:	<input type="text"/>		
Railways	<input type="text" value="YES / NO"/>	Shipping Co	<input type="text" value="YES / NO"/>
Carrier	<input type="text" value="YES / NO"/>		
Name of Carrier and/or Customs Agent	<input type="text"/>		
Surveyor Appointed:	Name:	<input type="text"/>	
Date appointed	<input type="text" value="/ /"/>		



Please attach the following documentation to this claim form:

1. Bill of Lading /Consignment Note / Waybill
2. Shipping Invoice
3. Pro-forma claim/Correspondence with carriers
4. Packing List
5. Delivery Receipt
6. Original Insurance certificate
7. Photos of damage if applicable

Information Authority And Warranty

I/we (print name)

with full authority to make representations on behalf of the Insured do hereby declare that the foregoing answers and those contained in any attachments are true to the best of my/our knowledge and belief. I/we undertake to provide AIG Insurance New Zealand Limited (AIG) with my/ our full co-operation and assistance in dealing with the matter.

I Agree

Position of Authority

Date:

Settlement Details

Payee name

Option 1: Direct credit to New Zealand bank account. Please complete bank details and account number below

Option 2 Overseas Bank Transfer

Bank Branch Country

Account details

OFFICE USE
Bank a/c checked

AIG no longer issues cheques. To confirm transfer of funds, an auto email will be sent to your broker or direct

Email: Broker/Payee

I Agree

