

Marine Claims Guide

Claims Procedures

In the event of loss or damage to the goods the following procedures should be complied with and the necessary documentation be provided.

Failure to do so could result in the your claim being either declined or reduced

1. **Submit** a written claim to the Carriers, Shipping Lines, Port Authorities or other interested parties for any missing or damaged goods within three days of receipt of your cargo. Once the extent of your claim is known a further letter should be sent with your calculated claim and accompanied by supporting documentation (copy invoices / photo's etc)
2. **Avoid** giving a clean receipt (a clean receipt is confirmation that the goods have been received in a sound / undamaged condition)
3. **Check** all consignments at the time of delivery. If any evidence exists to suggest that shortages/damage may have been caused to the consignment/contents, the receipt given to the carrier etc, should be noted accordingly. Where practical an immediate examination of the goods should be undertaken.
4. **Check** that the container and its seals are examined by an authorised official. If the container is delivered damaged or with seals broken or missing or with a seal other than as stated in the shipping documents, to clause the delivery receipt accordingly and retain all defective or irregular seals.
5. **Notify** Jurisdictional / Port or Law Enforcement authorities, in respect of loss and / or damage attributable to Fire and/or Hold Up and/or Theft and/or Robbery and/or Malicious Damage.
6. **Take** photograph's of any damaged goods and if applicable the container.
7. **Ensure** that any damaged goods are separated from existing stock for surveyors inspection.
8. **Report** the claim to either your broker or :-

Tim Hancox
Vectura Underwriting
150 Leadenhall Street
London EC3V 4QT
Tel: +44 (0)20 3011 5700
Tim.Hancox@vectura-underwriting.com



Claims Documentation

To enable any claim to be dealt with promptly, the following documentation is to be forwarded to **Vectura** (or Appointed Surveyor, if applicable).

1. Original Insurance Certificate (if applicable) or Copy of Cover Note
2. Original Bill of Lading and/or CMR note and/or Air WayBill and/or Consignment Note and/or other contracts of carriage (noting Terms of Sale).
3. Copy Sales Invoice(s) including the applicable Terms of Sale (in order to establish which party has the insurable interest at the time of loss).
4. Copy Freight Invoice.
5. Packing List(s) together with shipping specification (if applicable).
6. Tally Sheets and/or Load and Stow Count, to evidence goods loaded.
7. Indication as to the Gross Weight of the damaged/missing consignment.
8. Written claim against Carrier (and other interested parties) holding them responsible and copies of all correspondence exchanged. (See Letter of Reserve).
9. Copy Delivery Receipt – claused noting loss/damage.
10. Survey Report, if applicable.
11. Quantified claim noting split between value of goods and duty if applicable.
12. Photographs, if available.



Letter of Reserve / Notice to Carriers

Please complete this letter on your company letterhead and submit a copy to Vectura and / or the appointed Surveyor

Date

Name and Address of Carrier
(Ocean/Air/Inland)

Re: Formal Notice of Claim
Name of Vessel/Air Carrier/Conveyance
Bill of Lading/Air Waybill Number
From To.....

Dear Sir or Madam:

This is a notice of claim for loss and/or damage sustained by the referenced shipment. The following exceptions were noted following delivery:

We hereby hold you responsible for the loss sustained and hereby declare that we reserve the right to file a claim with you when the full extent of the claim are ascertained.

Please return a signed copy of this notice to us acknowledging its receipt and advise us within the 14 days if you require to inspect the damaged cargo.

Thank you for your cooperation.

Sincerely,

New Marine Claim Notification

Assured		
Name:	Certificate No:	
Contact Details		
Name:		
Address:		
Telephone No:		
Voyage		
From	Via	To
Description of Goods		
Date of Loss		
Date of delivery / incident / loss / damage (delete as appropriate)		
Day	/ Month	/ Year
Estimated amount of loss or damage (If Known)		
Brief Details of Incident		
Location of Goods		
Address		
Contact Name & No:		
Documentation Attached		
<input type="checkbox"/> Transit Documentation – Bill of Lading / Air Way Bill / Consignment note <input type="checkbox"/> Purchase / Sales Invoice <input type="checkbox"/> Packing List <input type="checkbox"/> Claused Delivery Receipt <input type="checkbox"/> Correspondence Exchanged with the Carrier <input type="checkbox"/> Quantified Statement of Claim		



Marine Claims Documentation Check List				
Document	Yes	No	N/A	Comments
Original Survey Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Original Bill of Lading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy Master Airway Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy House Airway Bill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consignment Note – Rail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Consignment Note – Road	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Sales / Purchase Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Freight Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy Tally & / or Count Sheets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Written Claim against Carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of response from carrier	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Delivery Receipt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Quantified Claim / Repair Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Photograph's depicting the damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Police / Theft Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Copy of Fire Report	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Witness Report / Statement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Repair Estimate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pre Risk Condition Survey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Surveyors Fee Invoice	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other Please Specify	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	