# CARGO CARE CLAIMS NOTIFICATION FORM

Kindly complete all the details in the form and send it to
cargocareclaims@maersk.com

Section 1
## Claimant's details

Claimant name

E-mail

Telephone / mobile number

Section 2
## Loss details

Policy number / Certificate number

Policyholder information

Date of loss (DD-MM-YYYY)

Estimated loss (in USD)

Incident country

Cargo (Dry / Reefer)

Alleged / Claimed unit(s)

## Claim description with cause of damage

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Section 3

## Shipment information

Bill of Lading number (Endorsed and readable)

Container number

Mode of transportation

Vessel carrier

Voyage number

Description of cargo

Origin country

Destination country

## List of documents provided with this form

(Type **X** or mark ✓ in front of the document name)

| | |
|---|---|
| Bill of Lading | ☐ |
| Endorsed and readable MBL and HBL no. if any (Front and Reverse) | ☐ |
| Duplicate Invoice and Packing List | ☐ |
| Copy of the Contract covering the internal transit for inland transportation | ☐ |
| Short-Landing Certificate issued by the relevant authorities | ☐ |
| Delivery Order/List (for any damage and/or loss noted on the shipment) | ☐ |
| Storekeepers Report, photographs of damaged goods and/or container | ☐ |
| Photos | ☐ |
| Survey report (if any) | ☐ |
| E-mails | ☐ |
| Any other documentary evidence in support of the loss and/or damage | ☐ |
| Letter of Authority/Assignment of rights/POA from the Insured, if any | ☐ |

This is not an exhaustive list and insurer might ask for more documents for claims handling. We suggest submitting as much documentation and evidence upfront to substantiate the claim (loss/damage) to help our team resolve your claim quickly.

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