



FIRST INSURANCE COMPANY LIMITED

“Service Beyond Expectation”

A Subsidiary of NicosDiamond Insurance Limited, Zimbabwe

Plot No.1 Kyadondo Road
 P.O.Box 5245, Kampala-Uganda
 Email:fico@fico.co.ug
 Website: www.fico.co.ug

MARINE CLAIM FORM

The issue of this form is not to be taken as an admission of Liability

To help us deal with your claim as quickly as possible PLEASE ANSWER ALL QUESTIONS ON THE CLAIM FORM FULLY AND CLEARLY, and sign and date the form.

Policy / Certificate No:.....CLAIM NO.....

<p>1. Name of Insured</p> <p>Name of Consignees</p> <p>Address</p> <p>Email Address</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>2. Name of Vessel</p> <p>Transshipment (if any)</p>	<p>.....</p> <p>.....</p>
<p>3. Name of Port and Date of arrival</p> <p>Final Destination and Date of arrival</p> <p>Date delivery taken</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>4. Name of clearing agents</p> <p>Mode of transport from Port to final destination</p>	<p>.....</p> <p>.....</p>
<p>5. State</p> <p>a. Condition of Goods on arrival at Port and Nature of receipt to Port authorities</p> <p>b. Condition of Goods on arrival at Bonded Warehouse and Nature of receipt given to coders</p> <p>c. Condition of Goods on arrival at Consignee</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>

<p>6. Details of Loss:</p> <p>a. If pilferage, state number of items missing with details of individual packages (attach separate sheet if necessary)</p> <p>b. If water or other damage state extent of damage and offer for salvageable Goods</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>7. If loss aggravated state reason (s)</p> <p>a. State if packages were weighed or examined at the time off acceptance</p> <p>b. State whether survey was held at port or elsewhere. If so by whom?</p>	<p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p> <p>.....</p>
<p>8. State if a written claim has been filed against any of the carriers If so, attach copy</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>9. Any other relevant information.</p>	

DECLARATION

I/ We the above named, do hereby to the best of my/ our knowledge and behalf, warrant the truth of the foregoing statements in every respect; and I/ We agree that if I/We have made, or in any further declaration to the company in respect of the said loss, shall make any false or fraudulent statement or any suppression or concealment my / our claim shall be absolutely forfeited and the Policy shall henceforth be null and void.

Date.....Insured's Signature/Official Stamp.....

Name.....

Date.....Witness Signature.....

Name.....