



GK GENERAL INSURANCE COMPANY LIMITED

NEW KINGSTON Knutsford Boulevard LIGUANA 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.**