



WeAlwaysStandByYou

Vanguard Assurance Co. Ltd
21 Independent Avenue
P.O. Box 1868 Accra
Tel: 0302 666 485-7

MARINE CARGO CLAIM FORM

1 Important Notice

- Please read this Claim Form prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- Submission of any claim to Vanguard Assurance Co. Ltd should not be withheld awaiting the carrier's response to a letter of demand.

2 Details of Insured

Name of Insured _____
Address _____
Policy No. _____ Email _____
Telephone No. _____ Fax No. _____

3 Claim Details

Type of Packing FCL LCL Bulk Other
Agent/Forwarder _____ Vessel/Carrier _____
Consignment Note No. _____ Bill of Lading No. _____
Airway Bill No. _____ Consignee _____
Voyage From _____ Voyage To _____
Date of Departure _____ Date of Arrival _____
Description of Cargo _____

5 Documents

For faster processing of your claim please ensure that you have attached: -

1. a) Certificate of Insurance; or
b) Copy of monthly declaration.
2. a) Originals or non-negotiable copy of the front and reverse side of the Bill of Lading;
b) True copy of the Master Airway bill;
c) True copy of the House Airway bill; and/or
d) True copy of both sides of the consignment note.
3. a) Original invoice/s & Packing list/s; and/or
b) Repair/Replacement Quote
4. a) True copy of Wharf Receipt
b) True copy of Delivery Docket: and/or
c) True copy of Weight Note at port of discharge/final destination.
5. Copy of letter of demand to:
a) Vessel Owners/Operators; or
b) Stevedores
6. Original survey report if any.

Vanguard Assurance Co. Ltd reserve our right to obtain further documents in relation to this claim, if necessary.

7 Signature

I, (print name in full) _____

(position) _____

of the Insured and on behalf of the Insured acknowledge the above answers to be true and correct AND acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date
