



EQUITABLE ADJUSTING & SERVICE COMPANY

MEMBER OF  MOYLAN'S INSURANCE COMPANIES

Suite 217, Julale Center
424 West O'Brien Drive.
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Phone: (671) 477-7514 Fax: (671) 477-7515

How to File a Cargo Claim

It is important to remember that often times the most crucial period in the marine claim process is the first few moments, immediately subsequent to initial loss/damage discovery.

In the event of loss or damage being discovered, if you are unsure of the best action to take, and before you sign any delivery document to acknowledge receipt of the goods, we recommend that you read through this list -- it will take less than five minutes.

Immediate Action

Once loss or damage is discovered, there are three things you must do without delay:

- 1) Make every effort to minimize the loss and/or prevent further loss.

(As provided under the "Duty of Assured" clause of most Marine Cargo policies). This could include, for example:

- (i) separating damaged cargo from sound
- (ii) spreading out damp or wetted items to aid drying
- (iii) re-bagging
- (iv) temporarily sealing leaking drums/carboys
- (v) re-coopering or re-handing

Reasonable expenses incurred in taking such steps are reimbursable in addition to any payment of the claim itself.

It is incumbent upon the insured/claimant to act as a prudent party in minimizing all damages.

- 2) Notify your insurance agent or broker so that, if required by underwriters, a survey of the damage can be arranged promptly. Until specifically advised by your insurance agent or broker that a survey will not be necessary, you should assume that a loss investigation survey will be effected.

Wherever practicable, the damaged cargo and all original packing materials should be retained in the condition received, until after the survey, unless further damage will result by doing so.

Once a survey is arranged, the carrier or his agent should be notified of the time and place of the survey so that they may be represented. The carrier may often opt not to attend the survey; however, he must be given the opportunity to do so.

- 3) Hold the carrier responsible. It is essential that:
- (i) if any loss or damage is discovered prior to the departure of the delivery transport, then any delivery documents presented for signature as proof of delivery/acknowledgement of receipt, must be endorsed with a statement identifying loss or damage. This statement should be brief, and unless you are confident that the full extent of damage is known, no specific details regarding such extent should be entered, a suitable suffix to any such endorsement is "full report and claim to follow".
 - (ii) A claim be made in writing against the carrier (inland or ocean/air) as soon as the loss is known (see sample letter), this can be in any form, but must include:
 - (a) the Bill of Lading and/or Air Waybill and/or Delivery number;
 - (b) the name of the carrying vessel and/or vehicle registration number;
 - (c) a description of loss or damage;
 - (d) a statement holding the carrier responsible for the loss or damage

A typical notice of cargo claim against the carrier is provided in the example letter on the following page.

(At a later stage, once the full extent of loss and corresponding claim amount has been clearly ascertained, a second letter should be forwarded to the carrier, identifying these points).



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Marine Cargo / Goods – In – Transit Claim Form

The supply or acceptance of this form is not an admission of liability on the part of Moylan's Insurance or its carriers.

To assist us to quickly process your claim please include (where available) the following documents:

- Copy of original invoice/stock list/inventory
- Copy of consignment note/air way bill/bill of lading and delivery docket
- Copy of claim on shipping company or carrier or airline and their reply
- All correspondence relating to this claim
- Quotation for cost of repairs
- Invoice for total amount of claim
- Packing slip
- Wharf receipt

Claim Number

Name of Insured: _____
 Contact Person _____
 Home Phone No. _____ Work Phone No. _____ Mobile No. _____
 Email _____
 Postal Address _____

 _____ Postcode _____
 Broker/Agent _____ Phone No. _____
 Policy No. _____ Excess \$ _____
 Inception Date : _____ Expiry Date _____

G.S.T.: Are you registered for GST purposes? Yes ___ No ___ A.B.N. _____
 To what extent are you entitled to claim an Input Tax Credit on the GST for this policy? _____ %

Transit Details: Name of Carrier _____ Mode of Transport _____
 Date of Despatch _____ Date of Arrival _____
 Voyage From _____ Voyage To _____
 Consignee Name _____
 Address _____
 _____ Postcode _____

Cargo Loss Details: _____ Date of Incident _____
 State in detail the nature of the loss / destruction / damage. _____

Was a clean receipt given when goods were delivered (or when delivery was taken)? Yes ___ No ___

If No, how was the receipt qualified? _____

If caused by accident to the carrying vehicle, give details (including when and where the accident happened).

If loss was due to theft, pilferage and / or short delivery, were the shipping company or carrier notified? Yes ___ No ___

If Yes, please provide details (attach copies of any written notification).

Goods Lost, Destroyed or Damaged and Value (if insufficient space, please attach separate list)

1. _____	\$ _____	4. _____	\$ _____
2. _____	\$ _____	5. _____	\$ _____
3. _____	\$ _____	6. _____	\$ _____

How were the goods packed or protected? _____

Police: Did a police officer attend, or was the incident reported at a Police Station? Yes ___ No ___

If Yes, Name of Officer _____ Police Station _____

Time incident reported at Police Station _____ am/pm Date _____

Repairs: Can the damaged goods be repaired or reconditioned?

Has a repair quotation been received? Yes ___ No ___ If Yes, (attach quote) \$ _____

Have any repairs been carried out? Yes ___ No ___ If Yes, (attach invoice) \$ _____

Name of Repairer _____

Address _____ Postcode _____

Contact Name _____ Telephone No. (Work) _____

Nature of Repairs _____

Temporary _____ Permanent _____

The amount of this claim \$ _____ Less Excess \$ _____ Total \$ _____

Has a Claim been made on the Shipping Company or Carrier? Yes ___ No ___ (If No, we require that immediate notice of Claim be lodge)

Please attach copies of any written claim made on the Shipping Company or Carrier.

Signature of Insured _____ Date _____