

QBE ATLAS Cover™

CARGO INSURANCE

Marine Cargo Claim

Including Unaccompanied Personal Effects

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A. NOTES

1. It is most important that all questions are answered. If not applicable, write "n/a".
2. The issue of this claim form is not an admission of liability by QBE.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Any amounts further marked as * are in the currency of the country in which the policy has been issued.
5. Markets
Please use the checklist below to indicate the operation in the QBE Pacific Islands region to which you will be submitting your claim.

Market	Business Name	Please tick
Fiji	QBE Insurance (Fiji) Limited	
Papua New Guinea	QBE Insurance (PNG) Limited	
Solomon Islands	QBE Insurance (International) Limited	
Vanuatu	QBE Insurance (Vanuatu) Limited	

Note: For any other markets please contact the local QBE office.

6. The content and use of this form or any agreement entered into pursuant to this form or any dealing in relation to or arising from this form are governed by:
 - a) the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
 - b) the policy/ies refer to the laws of a different country applying, in which case, the laws of that country,
 and in relation to those matters, the parties submit to the jurisdiction of the courts of that country.

For those policies governed by the laws of the Republic of Vanuatu, the validity, interpretation and effect and the rights and obligations of the parties to such policies shall be governed exclusively by English Law as applicable within Vanuatu immediately before 30 July 1980 and shall be justiciable before the Supreme Court of Vanuatu.

B. INSURED DETAILS

1. Name of insured:
2. Address:
..... Postcode:
3. Private tel no: Business tel no:
Mobile tel no: Fax no:
Email:
4. Occupation:

C. POLICY DETAILS

1. Policy no. Period: From to

4. If cargo short landed or short shipped what steps have been taken to locate it?
-
-
-
-

G. SCHEDULE

DESCRIPTION OF PROPERTY FOR WHICH LOSS IS CLAIMED	Date of purchase or acquisition	Original value *	Value at time of loss – allowing for reasonable description *	Value of salvage (if any) *	Amount of loss or damage claimed *
AMOUNT OF LOSS CLAIMED ADDITIONAL EXPENDITURE					
ADDITIONAL EXPENDITURE					
TOTAL AMOUNT CLAIMED					

H. DECLARATION

I/We declare that:

1. The information and answers given above are correct to the best of my/our knowledge and belief.
2. I/We understand the claim may be refused or reduced if information is withheld.
3. I/We authorise QBE to disclose information contained herein to QBE's advisors, reinsurers and to other insurers. I/We authorise QBE to obtain from any other party information that is, in QBE's view relevant to this claim.

Signature of insured:

Date: __/__/__



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PNG

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For literature in use in the French Territories above,
please contact the local QBE office in each of these countries.



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