

# QBE Marine Cargo Claim

## including Unaccompanied Personal Effects

QBE Pacific Islands



### 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	<input type="checkbox"/>
Papua New Guinea	QBE Insurance (PNG) Limited	<input type="checkbox"/>
Solomon Islands	QBE Insurance (International) Pty Limited	<input type="checkbox"/>
Vanuatu	QBE Insurance (Vanuatu) Limited	<input type="checkbox"/>

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

### 6. Jurisdiction

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 exclusive 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 exclusively justiciable before the Supreme Court of Vanuatu.

### B. Insured details

Name of insured	<input type="text"/>				
Address	<input type="text"/>				
Private tel. no	<input type="text"/>	Business tel. no	<input type="text"/>	Mobile tel. no	<input type="text"/>
Fax no	<input type="text"/>	email	<input type="text"/>		
Occupation	<input type="text"/>				

### C. Policy details

1. Policy no	<input type="text"/>	Period of insurance From	<input type="text"/> / <input type="text"/> / <input type="text"/>	and ending	<input type="text"/> / <input type="text"/> / <input type="text"/>
--------------	----------------------	--------------------------	--	------------	--

### D. Supplier details

(You need not complete this section if this claim relates to the transit of your personal effects).

1. Name of supplier	<input type="text"/>				
2. Address	<input type="text"/>				
3. Phone no	<input type="text"/>	Fax no	<input type="text"/>	email	<input type="text"/>
4. Invoice no. or nos.	<input type="text"/>				
Copies attached	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Conditions of sale	<input type="text"/>	

### E. Carrier or agent details

1. Name of carrier or agent:	<input type="text"/>				
2. Address:	<input type="text"/>				
3. Phone no	<input type="text"/>	Fax no	<input type="text"/>	email	<input type="text"/>
4. Bill of lading no	<input type="text"/>	(original required)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
5. Claim lodged with carrier. If "Yes", please provide us with the documents.	<input type="checkbox"/> Yes	<input type="checkbox"/> No			

