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					
Papua New Guinea	QBE Insurance (PNG) Limited					
Solomon Islands	QBE Insurance (International) Pty Limited					
Vanuatu	QBE Insurance (Vanuatu) Limited					

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														
Address														
Private tel. no				iness te	el. no		Mobile tel. no							
Fax no			ema	iil										
Occupation														
C. Policy details														
1. Policy no					Period o	f insurance	e From	1	1	ar	nd end	ing	1 1	
D. Supplier details	5													
(You need not complete this section if this claim relates to the transit of your personal effects).														
1. Name of supplier														
2. Address														
3. Phone no					Fax no				email					
4. Invoice no. or nos.	4. Invoice no. or nos.													
Copies attached		Yes		No	Conditio	ns of sale								
E. Carrier or agent details														
1. Name of carrier or a	agent:													
2. Address:														
3. Phone no					Fax no				email					
4. Bill of lading no						(origin	al requir	ed)				Yes	No	
5. Claim lodged with carrier. If "Yes", please provide us with the documents.														

1ARINE CARGO PAC 7/17

F. Incident details									
r. incident details			1						
1. Voyage from			to						
Name of vessel			Voyage no						
Date of arrival /	1								
2. Nature of loss									
3. Cause of loss									
4. If cargo short landed or sho	ort shipped what steps ha	ve been taken to lo	cate it?						
G. Schedule									
G. Schedule									
Description of property for w	Date of purchase or acquisition	Original value *	Value at time of loss – allowing salvage (if any) *		Amount of loss or damage claimed *				
Amount of loss claimed									
Additional expenditure (pleas	e describe the nature of th	ne evnenditure)							
Additional expenditure (pieds	e describe the nature of th	ic experiuiture)							
Total additional expenditure									
Total amount claimed									
Total amount claimed									
H. Signature and declarat	tion								
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 hauthorise 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									
Duit									

Fiji QBE Insurance (Fiji) Limited

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Suva

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Papua New Guinea

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Solomon Islands

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Vanuatu

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