



Guardian General Insurance Jamaica Limited

Kingston
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Montego Bay
Lot B15, Fairview II Shopping Centre
P.O. Box 170, Montego Bay, Jamaica, W.I.
t: 876 935 6661 f: 876 929 5256

MARINE CARGO CLAIM FORM

Form fields for Policy No., Name, Address, Contact No., Name of Vessel, Sailing Date, Date of Landing, Date Delivery Taken, Date loss discovered, Location of loss, Consignee's Name, Address, Contact Numbers, Description of Consignment, Details of damage, and Damage/Repair Estimate (\$).

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date [] Insured's Signature & Stamp _____

The following documents are to be attached to the completed form:

- 1. Copy of Bill of Lading
2. Damage Certificate
3. Any other document which is deemed valid