

# PACIFIC CASUALTY & GENERAL INSURANCE LIMITED CLAIM FORM

**For Claims Services Contact:**  
**International Administrators Limited**  
 11/F, O.T.B. Building, 160 Gloucester Road,  
 Wan Chai, Hong Kong.  
 Tel: (852) 2892 9688 Fax: (852) 2838 9640  
 Email: claims-gi@ialhk.com

Note: If you find it necessary to submit a claim, please read the instructions on the reverse of this form prior to preparation of the claim. Failure to follow the instructions may complicate claims processing.

Certificate No. \_\_\_\_\_

Claimant \_\_\_\_\_ Date of Filing Claim \_\_\_\_\_  
 Address \_\_\_\_\_  
 Fax #: \_\_\_\_\_ Email address: \_\_\_\_\_  
 Date Loss or Damage was discovered \_\_\_\_\_ Value of entire shipment \$ \_\_\_\_\_  
 Pick up Address \_\_\_\_\_ Date of Pick Up \_\_\_\_\_  
 Point of Delivery Date of Delivery \_\_\_\_\_  
 Were the goods in storage? Yes  No :  At Origin  Destination  BOTH   
 Name and Address of Warehouse(s). \_\_\_\_\_  
 Were these items insured under any other policy or insurance coverage? \_\_\_\_\_  
 Packed by \_\_\_\_\_ Unpacked by \_\_\_\_\_  
 Was an inspection done?  Yes  No If yes, who made inspection:  Carrier  Insurance Co.  Survey Agent

| INV | ARTICLE                        | AGE | DESCRIBE<br>LOSS / DAMAGE   | INSURED<br>*VALUE | REPAIR<br>*COST | AMOUNT<br>*CLAIMED |
|-----|--------------------------------|-----|-----------------------------|-------------------|-----------------|--------------------|
|     |                                |     |                             |                   |                 |                    |
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|     |                                |     |                             |                   |                 |                    |
|     |                                |     |                             |                   |                 |                    |
|     | <b>* Please state currency</b> |     | <b>Total Amount Claimed</b> |                   |                 |                    |

I/We the undersigned claimant(s), hereby makes a solemn oath to the truth of statements contained herein and exhibits attached hereto, and that no material fact is withheld that should be included in this report. This also is to certify that I/we have not received any merchandise claimed short missing from any source, to date. Should I/we receive this merchandise, from any source, I/we will promptly notify **PACIFIC CASUALTY & GENERAL INSURANCE LTD.** and delete the items from the claim, or if claim has been paid, I/we will return the monies paid.

**Note: If all or any part of your claim is found to be fraudulent the entire claim will be denied.**

\_\_\_\_\_  
Signature of Claimant(s)

# DID YOU FOLLOW THE INSTRUCTIONS?

## CLAIMS REPORTING PROCEDURES

### General:

In the event of loss or damage believed covered by this certificate you must report same immediately to the destination agent or the Company, but in no event later than **7 days** from the date of delivery or discovery of loss or damage whichever occurred first. A list of the items being claimed for must be included with the report.

### Specifically:

1. a. IN THE EVENT YOUR CLAIM IS LIKELY TO EXCEED US\$3,000 CONTACT THE SURVEYOR LISTED ON THE CERTIFICATE FOR A SURVEY.  
  
b. IN THE EVENT YOUR CLAIM IS FOR LESS THAN US\$3,000. PLEASE COMPLETE THE CLAIM FORM LISTING ALL LOSSES AND DAMAGE AND ATTACH ALL THE REQUIRED DOUCMENTS LISTED IN #7 BELOW. FORWARD SAME TO THE NEAREST LOSS ADJUSTERS LISTED #5 BELOW.

NOTE: Container and contents should be preserved in the condition that they were received until the survey has been completed unless further damage would result. SURVEY FEE IS PAID BY CONSIGNEE AND MAY BE INCLUDED IN ANY VALID CLAIM AGAINST THE COMPANY. SURVEYS ARE **NOT** AUTHORIZED IF LOSS DAMAGE IS LESS THAN US\$3,000.00

2. Obtain estimates for repair of damages and attach to the claim form.
3. DO NOT give a clean receipt for goods that are in doubtful condition, particularly if container or packing cases show external signs of wetness or damage at the time of delivery. You will otherwise jeopardize the Company's rights of recovery.
4. Write a letter to the destination agent, shipping company, and other bailees who transported your shipment stating that there has been damage/loss and attach a copy of same to claim form. This must be done immediately to preserve the Company's rights against third parties. CLAIM IMMEDIATELY FOR ANY MISSING OR DAMAGED PARCELS AT TIME OF DELIVERY.
5. Complete the claim form and follow the instructions printed on it. NO CLAIM WILL BE CONSIDERED PROPERLY PRESENTED UNTIL THE COMPANY HAS RECEIVED THE COMPLETED FORM, SIGNED BY THE CLAIMANT, ACCOMPANIED BY THE REQUIRED DOCUMENTS AND INDICATING A CLAIM FOR A SPECIFIC AMOUNT OF MONEY. AIRMAIL YOUR CLAIM WITH ALL RELEVANT DOCUMENTS ATTACHED TO THE FOLLOWING LOSS ADJUSTERS:

### ADJUSTERS:

INTERNATIONAL ADMINISTRATORS LIMITED  
11/FL., O.T.B. BUILDING, 160 GLOUCESTER ROAD  
WAN CHAI, HONG KONG  
TEL. (852) 2892 9688  
FAX. (852) 2838 9640  
Email: claims-gi@ialhk.com

6. You must forward all documents within 120 days from the date of delivery or the date on which the loss was discovered whichever occurs first. If you are having difficulty in fulfilling this requirement you must write to the Adjuster requesting an extension of time to file and your reason(s) for same. The adjuster, will then consider such request.
7. Documents to be supplied by Assured:
  - a. Original Insurance Certificate (photo-copy is unacceptable)
  - b. Bill of Lading or Airwaybill
  - c. Survey Report (if required as per Instruction 1.a. above)
  - d. Repair Estimates (Instruction 2)
  - e. Packing list made out by Mover
  - f. Correspondence transpiring between Insured and Shipping Company or other bailees as per Instructions 4
  - g. This Claims Form

**8. REMEMBER TO QUOTE YOUR CERTIFICATE NO. IN ALL CORRESPONDENCE.**