



**Mayfair Insurance Company Rwanda Limited**

Makuza Peace Plaza Building  
2<sup>nd</sup> Floor, KN4, Ave De La Paix,  
Kigali

Claim No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**Marine Insurance Claim Form**

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 7 days, from the date of it's issuance.

Policy / Cover No.	
Certificate No. / Date	
Interested Party (Name & complete Address)	
When the Loss was detected	
WITNESS DETAILS: Is any witness available for accident / loss? If "Yes", please specify	
INFORMATION TO AUTHORITY: Have any authority been informed about Accident / Loss? If "Yes", specify	
Has Damage Certificate from Carriers been Obtained	
Has Monetary claim been lodged against carriers / custodians? If "Yes", attach Monetary claim letter along with acknowledgement proof If "No", specify reason <i>(Failure to protect and preserve the recovery rights as per the contracts of affreightment might seriously prejudice a complete recovery of a valid claim under the Policy)</i>	
Voyage / Journey Covered (From:, To:)	
Description of Goods in transit	
Mode of Transportation	
Type of Packing	
Type of Damage	
Extent of Damage	
Invoice No. / Date	
Bill of Lading / Airway Bill No. / Date	
Bill of Entry No. / Date	
Consignment Note No. / Date	
Material Receipt Report No. / Date	
Basis of Valuation	
Amount Claimed	
CUSTOMS' DUTY DETAILS	Date of customs' examination Date of customs' clearance
Amount of Duties Paid	



If Bonded cargo, Bond # and Date of Bonding		
Have damages been noticed before clearance for home consumption		
Has any claim been made for remission / abatement with customs? If "Yes", provide details		
Is the insured sole owner of the property? If "No", specify details		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured

**I, undersigned confirm that above given details are true & correct to the best of my knowledge**

**Name:**

**Signature:**

**Date:**