

# QBE Marine Cargo Claim

## including Unaccompanied Personal Effects

QBE Pacific Islands



### A. Notes

- It is most important that all questions are answered. If not applicable, write "n/a".
  - The issue of this claim form is not an admission of liability by QBE.
  - If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
  - Any amounts further marked as \* are in the currency of the country in which the policy has been issued.
  - 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:

- the laws of the country at the QBE office which issues the policy/ies upon which this present claim is made; unless
  - 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  Business tel. no  Mobile tel. no

Fax no  email

Occupation

### C. Policy details

1. Policy no  Period of insurance From  /  /  and ending  /  /

### D. Supplier details

(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.

Copies attached  Yes  No Conditions of sale

### E. Carrier or agent details

1. Name of carrier or agent:

2. Address:

3. Phone no  Fax no  email

4. Bill of lading no  (original required)  Yes  No

5. Claim lodged with carrier. If "Yes", please provide us with the documents.  Yes  No

## F. Incident details

1. Voyage from	<input type="text"/>	to	<input type="text"/>
Name of vessel	<input type="text"/>	Voyage no	<input type="text"/>
Date of arrival	<input type="text"/> / <input type="text"/> / <input type="text"/>		

### 2. Nature of loss

<input type="text"/>
<input type="text"/>
<input type="text"/>

### 3. Cause of loss

<input type="text"/>
<input type="text"/>
<input type="text"/>

### 4. If cargo short landed or short shipped what steps have been taken to locate it?

<input type="text"/>
<input type="text"/>
<input type="text"/>

## G. Schedule

Description of property for which loss is claimed	Date of purchase or acquisition	Original value *	Value at time of loss - allowing for reasonable description *	Value of salvage (if any) *	Amount of loss or damage claimed *
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Amount of loss claimed

Additional expenditure (please describe the nature of the expenditure)

<input type="text"/>
<input type="text"/>
<input type="text"/>

Total additional expenditure

Total amount claimed

## H. Signature and declaration

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 authorise 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

<input type="text"/>
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Date

<input type="text"/>
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### Fiji

#### QBE Insurance (Fiji) Limited

QBE Centre, 33 Victoria Parade  
Suva  
Tel: + 679 331 5455  
Fax: + 679 330 0285  
email: info.fiji@qbe.com  
qbepacific.com

### Papua New Guinea

#### QBE Insurance (PNG) Limited

QBE Building, Musgrave Street  
Port Moresby  
Tel: +675 321 2144  
Fax: +675 321 4756  
Email: info.png@qbe.com  
qbepacific.com

### Solomon Islands

#### QBE Insurance (International) Pty Limited

Panatina Plaza, Prince Philip  
Highway, Honiara  
Tel: + 677 388 84  
Fax: + 677 388 87  
Email: info.sol@qbe.com  
qbepacific.com

### Vanuatu

#### QBE Insurance (Vanuatu) Limited

Level 2, Office 2a - 2c / 2g  
Tana Russet Complex, Port Vila  
Tel: + 678 353 00  
Fax: + 678 355 10  
Email: info.van@qbe.com  
qbepacific.com