|  |
| --- |
| **CLAIM FORM – MARINE** |

This form must be completed truthfully and accurately and returned to our Claims Department together with the following documents as soon as possible.

1. Original Insurance Policy/ Certificate/ copy of Insurance Declaration

2. Actual copies of commercial invoice and packing List

3. Original Bill of Lading/ copy of Master Airway Bill and House Airway Bill with backside conditions

4. Original survey report/ non-delivery certificate

5. Delivery receipt noting exceptions

6. Copy of formal claim against the Carriers

7. Original Carriers’ reply

8. Claim debit note/ repair, reconditioning estimates/ final repair bill

**POLICYHOLDER/ASSURED INFORMATION**:

Assured Name: Policy/Certificate Number:

Place of issuance: Insured value of shipment:

Bank account detail:

Beneficiary name:

Account no:

Bank address:

Swift/Iban code:

**CLAIMANT INFORMATION**:

Full Name:

Company:

Tel: Fax: Email:

Mobile:

**DETAILS OF CLAIM**

Vessel /Air Carrier: Trucker:

Description of Shipment:

Voyage from: to:

Description of Damage:

Particular and value of claim

**CLAIMANT DECLARATION AND AUTHORISATION**

I/ WE HEREBY DECLARE that to the best of my/ our knowledge and belief, the above statement and particulars contained are true and complete in every respect and are made without reservation of any kind.

I/ We agree that any of my/ our/ the Insured’s personal information collected or held by QBE Vietnam Insurance Co Ltd (QBE Vietnam) whether contained in this claim form or otherwise obtained) is provided and may be held, used and disclosed by QBE Vietnam to individuals/ organization associated with QBE Vietnam, our Principal or any selected third party (within or outside Vietnam, including reinsurance and claim investigation companies and industry associations/ federations and other service provider providing services relevant to insurance business) for the purpose of processing this claim. I/ We understand that the furnishing of this notification form is not an admission of liability on the part of QBE Vietnam.

I/ We further authorize any individual or entity holding any records (including any statements taken) or knowledge of me/ us which is/ are relevant to the settling of this claim and/ or the Insurer’s right of recovery thereunder to furnish such records or knowledge to QBE Vietnam or its authorized representatives. A photocopy of this authorization shall be considered as effective and valid as the original.

**Name and signature of claimant Company Stamp, if applicable**

**Personal Information Collection Statement ("PICS")**

In relation to the personal data collected by [QBE Insurance (Vietnam) Pte. Ltd. (“QBE VN”), I/we agree and acknowledge that:

1. the personal data requested is necessary for QBE VN to process your application for insurance or claim and any such data not provided may mean this application or claim cannot be processed;
2. the personal data collected in this form may be used by QBE VN for the purposes stated in its Privacy Policy found at [https://www.qbe.com/vn/privacy-policy]. These include underwriting and administering the insurance policy being applied for (including obtaining reinsurance, underwriting renewals, claim processing, investigation, payment and subrogation and any related purposes)
3. QBE VN may transfer the personal data to the following classes of persons (whether based in Vietnam or overseas) for the purposes identified in (b) above:
	1. third parties providing services related to the administration of my/our policy (including reinsurance);
	2. financial institutions for the purpose of processing this application and obtaining policy payments;
	3. in the event of a claim, loss adjustors, assessors, third party administrators, emergency providers, legal services providers, retailers, medical providers and travel carriers;
	4. another member of the QBE group (for all of the purposes stated in (b)) in any country; or
	5. other parties referred to in QBE’ Privacy Policy for the purposes stated therein;
4. I/we may gain access to, or request correction of my/our personal data (in both cases, subject to a reasonable fee), via the following contact:

QBE Insurance (Vietnam) Company Limited

Unit 1302A, Metropolitan Tower,

235 Dong Khoi Street,

Ho Chi Minh City Vietnam

Telephone: +84 28 6287 5544,

Fax: 028 3824 5054

1. Email: info.viet@qbe.com that where I/we are providing personal data on behalf of another person to QBE VN, I/we have obtained consent from the other person who have agreed that their personal data will be released to QBE VN in accordance with paragraphs(a), (b) and (c) above.

**Head office: Branch office:**

Unit 1302A, 13/F The Metropolitan Unit 416, 4/F, CornerStone Building

235 Dong Khoi Street 16 Phan Chu Trinh Street

District 1, Ho Chi Minh City Hoan Kiem District, Hanoi

Vietnam Vietnam

Tel: (84-28) 6287 5544 Tel: (84-24) 6270 4222