

119 Henry Street, Port of Spain, Trinidad, West Indies Tel: (868) 623-0576/9; Fax: (868) 627-0781

No.1 Freeling Street, San Fernando. Tel: (868) 652-3337; 652-3774 Fax: (868) 652-5541

Edoo's Building, 98 Norma Drive, Lowlands, Tobago Tel: (868) 639-2986; 639-3869; Fax 639-2986

Website: www.agostini.com Email: aib@trinidad.net

Marine Cargo Claim Form

(Please use block capitals and do not leave blanks or answer a question with a dash)

Please complete and submit this form as soon as you become aware of a claim. This form should be submitted along with the following initial supporting documents; Certificate of Insurance, Bill of Lading or Airway Bill and Caricom or Commercial Invoice.

Client Number		AIB Branch		Policy Number	Date Claim Reported				
			INSURED INFO	RMATION					
Name of Insured									
Name of insured		Surname		First Name	Middle Name				
Address of Insured									
, address of modred		Street			City				
Telephone Number	(868)	((868)	Email Addres	SS				
		Primary	Seconda	ry					
CLAIMANT INFORMATION									
Name of Claimant		Surname		First Name	Middle Name				
		Jumame		That Name	Wilduic Warrie				
Address of Insured		Street			City				
Talanhana Number	(060)	,	(000)	Empil Addro	•				
Telephone Number (868)		(868) Email Address		55					
		Cl	LAIM DETAILS IN	NFORMATION					
Consignee (Joint Insured)		Surname		First Name	Middle Name				
Supplier (Shipper)									
Supplier (Sillpher)		Surname (Company	Name)	First Name	Middle Name				
Carrier/Vessel Name									
	ما النابية								
Bill of lading or Air Waybill No		Bill of lading or Air Waybill Date: DD /MM / YYYY							
DD /MM / YYYY Date of Delivery		DD /MM / YYYY Date of Arrival (Go		oods Received)	DD /MM / YYYY Date loss/damage was discovered				
			Date of Arrival (oc	ous neceiveu)	Date 1033/ damage was discovered				
Insured value/ comm	ercial inv	oice \$							
Estimated claim amo	unt \$								
Location of goods presently									
		Street (if at sea pleas	se state)		City				
Brief shipment/cargo	i.e. conta	ainer number; no. o	of boxesetc.						



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Marine Cargo Claims Form (Continued)

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CLAIM DETAILS INFORMATION									
Brief description of loss or damage									
Signature:	Delat Mana		C'an about						
	Print Name		Signature						
Date:									