



Cargo Insurance- Claim Form

Client No:

1 Claimant details

Policy No	Claim No
Claimant	Company No
Country	Contact Name
Tel No	Fax No
Address	
Email	

2 Insured details

Cargo Description	
Name of Vessel/ Airline	
Port of Shipment	Port of Discharge
Cause of Loss/ Damage	Date of Loss/ Damage
Assured	
Surveyor	

3 Claim information

Description of Claimed Items	Details of Loss/ Damage	Amount Claimed
Total amount claimed:		

4 Payment details

Account Name	
Account No	
Bank Name	
Non-NTD Payment	Intermediary Bank Swift Code
Swift Code	IBAN
CNAPS	ABA
Bank Address	

5 Signature of claimant

I declare I accept the amount stated above to be the full and final settlement under this insurance.

Please return this claim form with the following information/ documentation.

Date: /

For any questions please contact us:
43A0100@cathay-ins.com.tw or call
+886-2-2755-1299(ext. 5721-5727).
7F, No. 296, Jen-Ai Road, Sec. 4, Taipei, 10633 Taiwan.