

MAYFAIR INSURANCE COMPANY (UGANDA) LIMITED2nd FLOOR, PLOT 9, YUSUF LULE ROAD

P.O.BOX 34447, KAMPALA

TEL: +256 312 181 950

Email: info@mayfair.co.ug**MARINE/GIT CLAIM FORM**

COMPANY DOES NOT ACCEPT LIABILITY BY THE ISSUE OF THIS FORM

1. Policy Number	
2. Declaration Number	
3. Name of Claimant(s)	
4. Address	
5. Description of Goods	
6. Packing	
7. B/L Number & Date	
8. Railway/Trucker Receipt Number & Date	
9. Name of vessel/vehicle registration number.	
10. Date of arrival of vehicle at Go down / ICD	
11. Date of movement of goods from Port	
12. Date of Arrival at final destination	
13. Nature of Damage	
14. Whether any other survey held at port/ ICD /Go down? Give details of employer if inspected by company surveyor.	
15. External condition of goods at time of taking delivery	

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16. Whether open delivery taken from railways/road transporters	
17. Date of intimation of claim	
18. Details of loss/damage	
19. Value of damage/lost goods (refer to the claim bill details below and fill in accordingly)	
20. Where can the goods be examined?	

Claim bill details UGX / USD

1) Invoice cost

a) FOB

b) CIF

2) Freight

a) Sea/Air

b) Inland from port to Kampala

3) Duty

4) VAT

5) Insurance

6) Miscellaneous

(Please note that the above are payable as per declaration made. Kindly attach corresponding invoices)

I/ We declare the foregoing particulars to be true and complete and I/we hold not other policy indemnifying me/us in respect of this claim.

Date:.....

Signature:.....
