

Marine General Cargo

Important Notice

Please read this claim form prior to answering the questions.

All questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.

If you have any questions in relation to completion of the claim form, please contact your insurance advisor or broker.

Please send the completed claim form, as soon as possible, to your insurance advisor or broker.

Submission of any claim to Liberty should not be withheld awaiting the carrier's response to a letter of demand.

Liberty reserve our right to obtain further documents in relation to this claim, if necessary.

Please do not accept any offer of settlement or bank monies without first contacting Liberty.

The company does not admit liability by the issue of this form. It is issued to enable the insured to lodge a claim.

You are reminded that under no circumstances should you admit any liability or make any offer of settlement.

Claim form



1. DETAILS OF INSURED

Name of insured

Street

City

State

Postcode

Policy no.

Email

Telephone

Fax

2. CLAIM DETAILS

Date of loss

Cause of loss/damage

Description of cargo

Where did the loss occur?

Location of damaged goods

Contact name and number

Have you reported the loss to police?

Yes

No

If yes, give date of notification and police report number

Have you given a clean receipt?

Yes

No

Have you made a claim on the carrier?

Yes

No

If yes, give date of claim. Note that notice to carriers within three (3) days of delivery is required to protect recovery rights.

Type of packing:

FCL

LCL

Bulk

Other

Agent/forwarder

Vessel/carrier

Consignment note no.

Bill of lading no.

Airway bill no.

Claim form



4. DOCUMENTS

For faster processing of your claim please ensure that you have attached:

- a.
 1. Certificate of insurance, **or**
 2. Copy of monthly declaration
- b.
 1. Originals or non-negotiable copy of the front and reverse side of the bill of lading:
 2. True copy of the master airway bill
 3. True copy of the house airway bill, **and/or**
 4. True copy of both sides of the consignment note
- c.
 1. Original invoice/s and packing list/s, **and/or**
 2. Original packing inventory for household goods and personal effects shipments
 3. Repair/replacement quote
 4. Freight invoice
 5. Custom's entry form
- d.
 1. True copy of wharf receipt:
 2. True copy of delivery docket, **and/or**
 3. True copy of weight note at port of discharge/final destination
- e. Copy of Notice of Claim to the following parties where applicable:
 1. Vessel owners/operators
 2. Air carriers
 3. Forwarders, **and/or**
 4. Any other parties that insurers have identified to be potentially liable for the loss
- f.
 1. Original survey report with colour photos, if any.

Submission of your claim to Liberty should not be withheld awaiting the carriers reply to the letter of demand. Please forward the original carriers reply to claimsasiapacific@libertymutual.com when received. Liberty reserve our right to obtain further documents in relation to this claim, if necessary.

5. SIGNATURE

I, (print name in full)

(position)

of the Insured and on behalf of the Insured acknowledge the above answers to be true and correct **and** acknowledge that the insurer may take its decision on indemnity having regard to these answers.

Signature

Date

Claim form



Privacy Notice

Liberty Pte Limited (UEN 201538069C) (**Liberty**) is part of the Liberty Mutual Group headquartered in the United States.

Liberty is an insurer authorised by the Monetary Authority of Singapore to conduct insurance business in Singapore. It is a member of the United States-based Liberty Mutual Group. Liberty's contact details are:

Address: One Raffles Quay, #40-01 North Tower, Singapore 048583
Phone: +65 6221 8611

Liberty is bound by the Personal Data Protection Act 2012 when it collects and handles your personal data.

We collect personal information to provide insurance products and services, manage claims and support related business operations. This may include information collected from insurance brokers, intermediaries, or directly from you. If you do not provide the personal information requested, we may be unable to offer the appropriate type or level of service.

If you provide Liberty with personal or sensitive information about another individual, you must ensure they are aware of this notice and have consented to the disclosure. If you have not done so, please inform Liberty before sharing their data.

Your personal information may be disclosed to Liberty's related entities, reinsurers, insurance intermediaries, loss adjusters, legal and professional advisors and other service providers. We may also store your information with third party cloud or electronic storage providers.

Some recipients may be located overseas in the United States, Canada, United Kingdom, European Union, India, China, Australia, Hong Kong and Malaysia. Where reasonably necessary, your information may be transferred to countries without comparable data protection laws to deliver the services you request. By engaging with Liberty, you consent to these cross-border transfers unless you notify us otherwise in writing.

We are committed to protecting your privacy and ensuring transparency in how we use your personal information. As part of this commitment, we confirm Liberty does not currently use automated decision-making (**ADM**).

You may access or seek correction of your personal information, make a privacy complaint, or raise any queries by contacting Liberty's Privacy Officer: privacy.officer.ap@libertymutual.com. If you require a physical mailing address, please contact the Privacy Officer via email.

For more information, and to view the relevant privacy policy for your jurisdiction, visit: [Singapore Privacy Policy](#).