CLAIMS SERVICES ROANOKE

1475 E. Woodfield Road, Suite 500
Schaumburg, IL 60173
Toll Free: 800-762-6653

FIRST REPORT OF CARGO CLAIM

It is critical to complete and submit this form to Roanoke Claims Services as soon as you become aware of a claim. Once we receive this completed form along with any supporting documents, we will promptly review them and notify you of any further information required to resolve the claim. The form should be scanned and emailed to marineclaims@roanokegroup.com.

PERSON REPORTING LOSS

Date of Report: _____ Your Reference No.: _____

Policy Holder: _____ Contact Name: _____

Mailing Address: _____

Phone: _____ Fax: _____ Email: _____

Policy No.: _____ Certificate or Dec No.: _____

CLAIMANT INFORMATION

Claimant Co. Name: _____ Claimant Contact: _____

Phone: _____ Fax: _____ Email: _____

Shipper: _____ Consignee: _____

CARGO INFORMATION

Insured Value: US$ _____ Invoice Value: US$ _____

Carrier / Vessel: _____ B/L or AWB No. _____

B/L Date: _____ Date/Arrival: _____ Date/Delivery: _____ Date/Discovery: _____

Describe Shipment/Cargo (# of cartons/boxes): _____

CLAIM INFORMATION

Describe Loss / Damages: _____

Current Location of Cargo: _____

Contact Name: _____ Phone: _____ Fax: _____

Estimated Amount of Claim: US$ _____

Comments: _____

Attached are documents in support of this claim:

☐	Proof of Insurance (i.e. Certificate of Insurance, Multiple Declaration, Stamped B/L, etc.)	☐	For Damage: Photographs of damaged cargo (as well as photos of the packing materials, if available)
☐	Copies of Ocean, Air and Inland Bills of Lading covering the entire shipment.	☐	For Damage: Survey Report, if issued.
☐	Copy of Commercial Sales Invoice covering the entire shipment.	☐	For Damage: Repair Bills / Estimates (or salvage information if cargo is not repairable)
☐	Delivery Receipts with exceptions of damage noted thereon.	☐	For Non-Delivery: Confirmation of Non-Delivery from carrier (or "trace" records attempting to locate)
☐	Claimant's Claim Statement, signed & dated, listing exact amount of loss.	☐	For Imports: Customs Consumption Report listing entry number.
☐	Copies of written claims against all carriers, holding them responsible for loss / damage.	☐	For Imports: Customs Consumption Report listing entry number.

Please specify the coverage which pertains to this loss: Shipper's Interest (i.e. "All Risk", FPA) ☐

Legal Liability ☐