

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 insuranceclaims@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