

受文者 華南產物保險股份有限公司

For South China Insurance Co Ltd



## 貨物保險理賠申請書 Marine Cargo Claim Form

請求權人:

Claimant:

保單號碼:

Policy No:

航程: 自 \_\_\_\_\_ 至 \_\_\_\_\_

Voyage: From \_\_\_\_\_ to \_\_\_\_\_

貨損物品及狀況:

Description of Damaged Goods:

請求理賠金額:

Claim for Indemnity in an amount of:

貨損及求償計算基礎:

Details of loss/damage & calculation of the claim:

Description

Quantity

Invoice Value

Adjusted Loss Amount

Labour & other fee

@ (E/R on @ )

**SUM:** \_\_\_\_\_

### 求償文件(Supporting Documents):

- 保單正本及(或)保險契約憑證(original policy and/or certificates of insurance contract)
- 提單、貨運單及(或)運送契約(bill of lading, waybill and/or contract of carriage)
- 商業發票、包裝單及(或)重量憑證(commercial invoice, packing list and/or weight note)
- 運送人及(或)責任方簽發的貨物異常及(或)短交證明文件(Irregularity report, exception note and/or short-delivery note issued by the carriers and/or liable parties)
- 受任公證人出具之貨損檢定報告(survey report(s) issued by the appointed surveyors)
- 貨主發函運送人或任何責任方的貨損索賠文件及雙方交換書信(cargo-owners' **pro-formal claim** and/or correspondence exchanged with carriers and/or parties concerned)
- 其他(others): \_\_\_\_\_

茲保證前列貨損及敘述均屬真實正確，業已依照約定適當地履行且保全對運送人、受託人或第三人的相關索賠權利(We warrant that all above mentioned are true and correct and, all rights against carriers, bailees or any third parties are properly preserved and exercised)

謹請求 貴公司依貨物保險單約款補償前揭貨損。若蒙核賠，敬請將核定保險金以下列方式給付本公司(We hereby submit a claim for your indemnity in respect of the loss/damage so sustained in accordance with the contract of cargo policy issued. Please examine same and if it meets with your positive approval, effect the necessary payment(s) to us by either)

支票(sola cheque)

電匯(telegraphic transfer into a designated bank account, details as following, if any).

ACCOUNT NAME:

BANK:

BRANCH:

A/C NO:

SWIFT CODE:

With our best regards,

日期:

(Date) \_\_\_\_\_

聯絡人(contact person):

電話(Tel):

傳真(Fax):

請求權人簽署:

公司印章(Claimants' signature with corporate chop) \_\_\_\_\_

統一編號(VAT No.):

電郵(E-mail):

The Claim Form must be given to **Marine Department**, Headquarter located at (Mailing Address):

MCFormJuly06

台北市忠孝東路四段 560 號 5 樓(5<sup>th</sup> Fl., No.560, Chung-Hsiao E. Rd. Sec.4, Taipei, TAIWAN R.O.C)

Tel.886 2 2756-2200 Fax.886 2 2748-6474 E-mail: [portalmariners@south-china.com.tw](mailto:portalmariners@south-china.com.tw)

*Note: the supply or acceptance of this form is not an admission of liability on the part of the insurers.*