

INSURED

Insured Name :_

安达保险有限公司 上海市浦东新区 博成路 1101 号 华泰金融大厦副楼 3 楼 邮编: 200126 Chubb Insurance Company Limited 3rd Floor Annex, Huatai Financial Building No. 1101 Bocheng Road Pudong, Shanghai 200126, China

Policy No.:_

电话/O: +86 21 2325 6688 传真/F: +86 21 5292 5880 服务热线/Service Hotline: 400 889 2120 www.chubb.com.cn

CARGO CLAIM FORM

货物运输保险索赔申请表

Important: The Insured is required to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company via email to: chn.claims@chubb.com The acceptance of this form is not in itself an admission of liability on the part of the Company.

重要提示:请索赔人尽可能全面而准确地填写此表格,并返还保险公司(报案邮件地址: chn.claims@chubb.com)。接受本申请表并不表示本公司已承认赔偿责任。

被保险人 Address:	DETAILS	公司名称	保险单号码					
Fix	被保险人							
□ Trade Company 贸易公司 □ End-user 最终用户 □ Others, please specify 其它,请注明 □ Are there any other insurance in force which would cover this loss in whole or in part? 有无其他有效保险保障此次事故造成的全部或部分损失? □ Yes(是) □ No(否) If answer is YES, state: 如选'是',请告知: Name of Insurer: 投保公司名称 □ Date of Loss/Damage: □	ı	Contact Person: Tel. N 联系人	No.: Email: 电邮地址					
□ End-user 最终用户 □ Others, please specify 其它,请注明 □ Are there any other insurance in force which would cover this loss in whole or in part? 有无其他有效保险保障此次事故造成的全部或部分损失? □ Yes(是) □ No(否) If answer is YES, state: 如选'是',请告知: Name of Insurer: 投保公司名称 □ Date of Loss/Damage: 发现/知晓损失日期/时间 Date of Delivery at Port/Airport/Station: □ □ Date of Entering Your Warehouse: □ □ 供货物检验的地址 □ Address where damaged goods can be inspected: □ 可供货物检验的地址 □ Are subcontractors involved? □ Yes(是) □ No(否) If answer is YES, state: 如选'是',请告知: □ 有无分包商? □ No(否)	1	Insured's Activity: 被保险人业务性质						
Are there any other insurance in force which would cover this loss in whole or in part? 有无其他有效保险保障此次事故造成的全部或部分损失? □ Yes(是) □ No(否) If answer is YES, state: 如选 '是',请告知: Name of Insurer: 投保公司名称 Policy Details: 投保险种明细 THE ACCIDENT 事故详情 Date of Loss/Damage: 发现/知晓损失日期/时间 Date of Delivery at Port/Airport/Station: 四头机场车站提货日期 入库日期 Consignee's Name & Address: 收货人名称和地址 Address where damaged goods can be inspected: 可供货物检验的地址 Are subcontractors involved? 有无分包商? □ Yes(是) If answer is YES, state: 如选 '是',请告知: 有无分包商?	1	□ Trade Company 贸易公司	□ Manufacturer 制造商	□ Manufacturer 制造商				
有无其他有效保险保障此次事故造成的全部或部分损失? □ Yes(是) □ No(否) If answer is YES, state: 如选'是',请告知: Name of Insurer: 投保公司名称 Policy Details: 投保险种明细 THE ACCIDENT 事故详情 Date of Loss/Damage: 发现/知晓损失日期/时间 损失地点 Date of Delivery at Port/Airport/Station: 四头/机场/车站提货日期 入库日期 Consignee's Name & Address: 收货人名称和地址 Address where damaged goods can be inspected: 可供货物检验的地址 Are subcontractors involved? □ Yes(是) 有无分包商? □ No(否) If answer is YES, state: 如选'是',请告知: 有无分包商? □ No(否)	1	□ End-user 最终用户	□ Others, please specify 其它,详	青注明				
THE ACCIDENT 事故详情 Date of Loss/Damage:	l	有无其他有效保险保障此次事故造成的全部或部分损失? □ Yes(是) □ No(否) If answer is YES, state: 如选'是',请告知:						
事故详情 发现知晓损失日期/时间 损失地点 Date of Delivery at Port/Airport/Station:	1							
事故详情 发现知晓损失日期/时间 损失地点 Date of Delivery at Port/Airport/Station:								
Date of Delivery at Port/Airport/Station: Date of Entering Your Warehouse: 码头/机场/车站提货日期								
Consignee's Name & Address:		Date of Delivery at Port/Airport/Station:	Date of Entering Your Warehouse: _					
收货人名称和地址 Address where damaged goods can be inspected:	1	码头/机场/车站提货日期	入库日期					
可供货物检验的地址 Are subcontractors involved? 「The subcontractors involved? The subcontractors involved?	ı							
有无分包商? □ No(否)	1							
	ı	Are subcontractors involved? 口有无分包商?	Yes(是) If answer is YES, state: 如选'是',请No(否)	告知:				
Name of Subcontractor								
Subcontractor's Contact Person / Telephone Numbers / Email Address								
Describe in details how the loss occurred 陈述事故原因和经过		Describe in details how the loss occurred 陈述事故原因和经过						
	1							
	1							
	1							
	1							



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THE CLAIM 索赔信息	Claim Type 索赔类型 ☐ Freight Liability ☐ Professional Indemnity 货物责任 职业责任							
A THIE	Description of Freight to Be Claimed 货物描述	Details of Loss/Damage 损失描述	Number of Packages 包装数量	Weight 重量	Claim Amount & Currency 索赔金额及币种			
					34,000			
	Total Claim Amount 索赔总金额							
	Claimant Name & Address: 索赔方的和地址							
	Tel. No.:							
	Claimant's Attorney & Contact (if applicable): Tel. No.: 如果有,索赔方的律师姓名及联络方式							
	When did you first receive notice of the claim? Have you admitted liability in any way? □Yes □No 您何时最初收到意外事故的索赔?							
	Claims should be supported where possible by the documents. Detailed requested documents please refer to the appendix of this form below. 索赔需要由文件支持。具体需要提供的资料请详见本申请表的附页。							
ANTI-FRAUD WARNING &	Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities 诚信是保险合同基本原则,涉嫌保险欺诈将承担以下责任:							
THE DECLARATION			. ,	sentence of crimir	nal detention, and fine or			
反保险欺诈提示及 声明	confiscation of property. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may constitute accomplices of insurance fraud. 【刑事责任】进行保险诈骗犯罪活动,可能会受到拘役、有期徒刑,并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件,为他人诈骗提供条件的,以保险诈骗罪的共犯论处。							
	【Administrative】Fraudulent insurance activities which do not constitute a crime may be punished by administrative penalties of detention up to 15 days and/ or a fine up to 5000 RMB. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding administrative penalties. 【行政责任】进行保险诈骗活动,尚不构成犯罪的,可能会受到 15 日以下拘留、5000 元以下罚款的行政处罚;保险事故的鉴定人、证明人故意提供虚假的证明文件,为他人诈骗提供条件的,也会受到相应的行政处罚。							
	【Civil】If the insurance applicant fails to perform his information disclosure obligations intentionally or due to gross negligence, the insurance company shall be exempt from the obligations of paying the insurance compensation. 【民事责任】故意或因重大过失未履行如实告知义务,保险公司不承担赔偿或给付保险金的责任。							
	I/We hereby declare that I have read and acknowledged the above Anti-Fraud Warning, and I/we have complied with the conditions and warranties of the Policy. I/We declare that all the aforesaid statements are true with no false and omission, and I/we have not concealed any information relating to this claim.							
	我/我们声明我/我们已经阅读并知晓《反保险欺诈提示》,并遵守和履行了保单所规定的要求和义务。我/我们所填写的内容 全部属实,没有隐瞒任何与此次损失有关的迅息。							
	I/We understand that the acceptance of this form is not in itself an admission of liability on the part of the Company.							
	我/我们明白 Chubb 并不因提供或接受此索赔申请表而承认其赔偿责任,且不因此而放弃保险合同项下应有的权利。							
	Signature of Insured Company's stamp 签字并直		on	 日期				

Chubb. Insured. $^{\mbox{\tiny SM}}$



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Appendix

附页

Basic supported documents for a Multimodal Freight Liability Claims:

运输经营者责任保险理赔通常需要提供的资料:

- ◆ Standard Trading Conditions 标准贸易条件、适用国际公约或标准
- ◆ Copy of the Master Bill of Lading / Master Air Waybill (both sides) 主提单或空运单的复本(正反页)
- ◆ Copy of the House Bill of Lading (both sides) 货代单的复本 (正反页)
- ◆ Packing List 货物装箱单
- ◆ Commercial Invoice 货物的商业发票
- ◆ Exception report/delivery receipt issued by the carrier, warehouse, or consignee detailing missing or damaged cargo

运送人、仓库或收货人签发的异常报告/货物送达签收单,详细说明遗失或损坏的货物

◆ Photographs 照片

 Claimant's notification of loss against you, and full set of documents from the claimant to support their claim and amount

来自索赔方的索赔通知,以及证明损失及金额的全套证明材料

◆ Copy of your Claim letter to the carrier, and any correspondence between you and the carrier

你发给实际承运人的索赔信复本,以及通信往来

◆ Report from the surveyor (if any) 公估机构人的调查报告(如果有)

Kind Reminder:

• Further documents and information may be requested depending on the nature and extent of the claim.

请注意:视案件性质,保险公司有权要求进一步资料

♦ Onus is upon the insured to produce a properly substantiated claim statement before any claim can be paid

在赔案赔付之前,提供完整的用于证明损失的索赔资料的责任在于被保险人