

# PT Zurich Asuransi Indonesia Tbk

Graha Zurich

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## CARGO CLAIM FORM

Formulir Klaim Cargo

1. Name Of Insured : \_\_\_\_\_  
*Nama Tertanggung*
2. Number of Insurance Policy/ Open Policy : \_\_\_\_\_  
*Nomor Polis/ Open Polis*
3. Sum of the Insured amount : \_\_\_\_\_  
*Jumlah Pertanggungan*
4. Description of the goods Insured, Number of packages, Forwarding marks : \_\_\_\_\_  
*Jenis barang yang dipertanggungkan, banyaknya barang, merek*  
\_\_\_\_\_  
\_\_\_\_\_
5. Name of Sea Vessel/ Train/ Truck : \_\_\_\_\_  
*Nama kapal laut/ kereta api/ truk*  
Sailing from : \_\_\_\_\_ Date : \_\_\_\_\_  
*Berangkat dari* *Tanggal*  
Arrival at : \_\_\_\_\_ Date : \_\_\_\_\_  
*Tiba di* *Tanggal*
6. Date of receipt of the goods in the insured's/ Consignee's godown : \_\_\_\_\_  
*Tanggal barang-barang diterima di gudang tertanggung*
7. Quantity of the damaged goods : \_\_\_\_\_  
*Jumlah barang-barang yang rusak/ hilang*  
Amount of loss : \_\_\_\_\_  
*Jumlah nilai kerugian*
8. Where and when has the loss been stated : \_\_\_\_\_  
*Dimana dan kapan kerugian dilihat*
9. What is the nature of the loss (conflagration, theft, breakage, leakage, etc) : \_\_\_\_\_  
*Sifat dari kerugian (terbakar, dicuri, patah, bocor, dll)*  
\_\_\_\_\_
10. What has been the cause of the loss, please give detail description : \_\_\_\_\_  
*Sebab kerugian, uraikan dengan lengkap*  
\_\_\_\_\_  
\_\_\_\_\_
11. Has a claim been lodged against carriers for the loss and what are the result : \_\_\_\_\_  
*Apakah tuntutan kerugian diajukan kepada perusahaan pelayaran / pengangkutan dan bagaimana hasilnya?*  
\_\_\_\_\_
12. The salvage value have the damaged goods : \_\_\_\_\_  
*Berapakah nilai sisa dari barang yang rusak?*
13. Is the loss recoverable from the supplier : \_\_\_\_\_  
*Mungkinkah dapat penggantian dari penjual?*

Made on in good faith at  
*Dibuat dengan sebenarnya*


:




Tanggal/Date

Bulan/Month

Tahun/Year



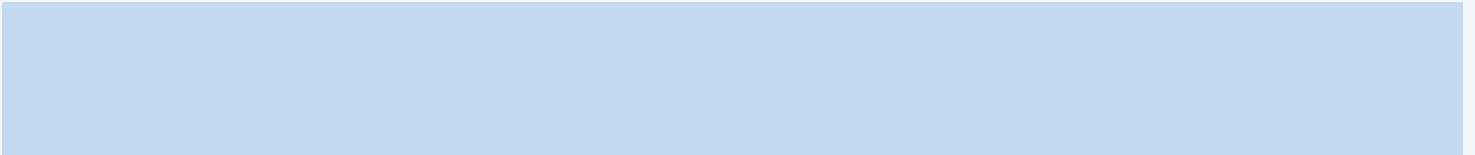
Nama Lengkap / Full Name



Testified and Agreed by  
*Disaksikan dan disetujui oleh*

( ..... )

Attachment :  
*Lampiran*



All documents relating to this claim i.e. Original Policy or Insurance Certificate, Copy of Invoice Bill and Packing list, Bill of Lading, Warehouse Report or Exception Report from : Carriers, copy of notice of claim against carriers and their reply specification of damage/ lost including price, should be furnished herewith.

*Semua surat-surat yang menyangkut klaim ini seperti Polis/ Sertifikat, Daftar Pengepakan, Surat Muatan, Survey Report dari perusahaan pelayaran yang asli serta balasan surat menyurat dengan perusahaan perkapalan, Daftar perincian barang yang rusak/ hilang berikut harganya, harus dilampirkan bersama formulir ini.*