



**POINT LISAS INDUSTRIAL PORT DEVELOPMENT CORPORATION LIMITED**

**CLAIM ADVICE FORM**

Claimants are advised to complete and submit PLIPDECO's Claim Advice Form along with their Statement of Claim and the following claim claims procedural documents when submitting a claim (please tick the documents being submitted). Claims should be addressed to: The Insurance Officer, F&ACC Department, PLIPDECO House, Orinoco Drive, Point Lisas Industrial Estate, Point Lisas. PLIPDECO will notify you in the event further information is required.

- Statement of Claim                       Invoice to support the claim amount                       Bill of Lading (both sides)
- Certificate of Insurance                       CARICOM or Commercial Invoice                       Other relevant Shipping Documents
- Quotations (3 suppliers)                       Receipts (where applicable)                       Copy of Driver's Permit (For vehicular accidents only)

**Statement of Claim**

Name of Claimant/Consignee: \_\_\_\_\_ Date: \_\_\_\_\_

Claimant/Consignee's Address: \_\_\_\_\_ Tel. No.: \_\_\_\_\_

Agent: \_\_\_\_\_

Nature of Claim: \_\_\_\_\_

\_\_\_\_\_ Date Loss/Damage Discovered: \_\_\_\_\_

Describe Loss or Damage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Claim Invoice#/Claim Amt: \_\_\_\_\_ Original Purchase Invoice #/Amt: \_\_\_\_\_

Describe Shipment/Cargo (Container No., No. of Boxes, Pallets, etc.): \_\_\_\_\_

\_\_\_\_\_

Container #/Cost/Age/Written down value: \_\_\_\_\_ Date of Delivery: \_\_\_\_\_

Location of Goods: \_\_\_\_\_ Location of Damage: \_\_\_\_\_

**Insurance Information**

Insured (Company Name): \_\_\_\_\_ Contact Person: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Insured Value: \_\_\_\_\_

Policy No. \_\_\_\_\_ Certificate No. \_\_\_\_\_ D.P. No. (Vehicular Accidents Only): \_\_\_\_\_

**Shipping Information**

Shipper: \_\_\_\_\_ Shipping Line/Vessel: \_\_\_\_\_ Date of Arrival: \_\_\_\_\_

Bill of Lading/CARICOM/Commercial Invoice: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Company Stamp: \_\_\_\_\_