



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 claims procedural documents when submitting a claim (please tick the documents being submitted). Claims should be addressed to: The Accounting 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

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: _____