

Cargo/Goods In Transit Claim Form

PT Great Eastern General Insurance Indonesia



Policy No Nomor Polis		Claim No Nomor Klaim	
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This claim form is to be used when claiming for goods, which has been lost or damaged in transit.

Formulir klaim ini dipergunakan saat mengajukan klaim barang hilang atau rusak dalam perjalanan

IMPORTANT

- Please read the Claim Form fully prior to answering the questions.
- ALL questions must be answered as fully as possible. Please use additional sheets if necessary and copies of relevant documentation should be attached.
- If you have any questions in relation to completion of the Claim Form, please contact your insurance advisor or broker.
- Please send the completed Claim Form, as soon as possible, to your insurance advisor or broker or to:

Claims Department
PT Great Eastern General Insurance Indonesia
Midplaza 2, 23rd floor
Jalan Jenderal Sudirman kav. 10-11 Jakarta 10220

The Insured (Tertanggung)

Name

Nama

Address

Alamat

Telp

Fax

Mobile

Email

The Cargo (Barang)

Are you the owner of the lost/damaged goods?

Apakah Anda pemilik dari barang barang yang hilang/ rusak

Yes (Ya)

No (Tidak)

If "NO" please provide details of the owner

(Jika "TIDAK" mohon lengkapi keterangan pemilik barang)

Describe the goods

Uraian barang-barang

The Transit (Pengangkutan)

Carriers Name

Nama Pengangkut

Journey Perjalanan	From Dari	To Ke	Date Tanggal
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Road Carriers
Angkutan Darat

Sea
Angkutan Laut

Post
Lewat Pos

Own Vehicle
Kendaraan sendiri

Air
Angkutan Udara

Rail
Kereta Api

Declaration & Authorization (Pernyataan dan Surat Kuasa)

The information answers given above are true and complete in every detail. I/We Understand the claim may be refused or reduced if information is withheld. I/We authorize PT Great Eastern General Insurance Indonesia to give and obtain from other insurers insurance reference bureau and credit reporting agencies any information relating to the insured credit or insurance history as well as insurance claim information obtained during the course of this contract.

Informasi tersebut diatas diberikan dengan sebenar-benarnya. Saya/Kami mengerti klaim ini dapat ditolak atau dikurangi jika informasi yang diberikan tidak benar. Saya/Kami memberi Kuasa kepada PT Great Eastern General Insurance Indonesia untuk memberikan dan mendapatkan bukti dari Perusahaan Asuransi lainnya, biro dan agen tentang informasi yang berhubungan dengan kredit atau catatan klaim Asuransi yang berhubungan dengan kontrak ini.

Signature of Insured
Tandatangan Tertanggung

Date
Tanggal