SONARWA G.I LTD

Sonarwa General Insurance Limited

STATEMENT OF RISK/DAMAGE

Insured : ……
Adress : ……
Claimant: ……
Insurance contract N° :……
Value
Insured :……..
Insurance Conditions:……..
Goods :……
Journey/Route :……
Means of transport :……..
Quantity
Received :…….. ……
Damages / Missing / Loss:……

Documents to be attached

Designation	Date	Explanation
1. Supplier's invoice	……	- Final document indicating the price paid to the supplier
2. Transporter's invoice	……	- Final document indicating the price paid to the transporter.
3. Packing list	……	- Document indicating the contents of each package. This document is necessary if it is not part of the supplier's invoice.
4. CDAN°, CDRN°, B/L N°, LTA N° (underline the appropriate language)	……	- Document issued by the carrier, indicating the port of loading and unloading, transportation and final destination of the goods.
5. Copy of the application signed by the insurance SONARWA and eventually the addendum	……	- Document justifying the insurance of the goods subject of this claim.
6. Notice arrival from MAGERWA	……	- Document prepared by the carrier upon arrival of the goods at MAGERWA.
7. Receipt under hoist of MAGERWA	……	- Minutes prepared by MAGERWA to justify the damage or missing items upon arrival of the goods. - Copy of the letter written by the receiver of the goods in case of damage / missing / loss, and

8. Copy of the reserve letter and its reply	……	dispatched to the address of the last carrier. - Document approved by the customs, justifying the withdrawal dates of the goods
9. Copy of consumption statement	……	
10. Copy of MAGERWA checklist	……	- Observation made at the exit of merchandise from MAGERWA, citing abnomalies (weight loss, poor packaging, etc..). - Original certificate of damage, established by the authorised Damage Commissioner
11. Certificate of damage	……	
12. <<Short landed certificate>> + certificate of non-delivery by the last carrier		- Copy of the certificate issued by the port authorities in case of missing goods upon arrival at port of discharge, accompanied by a copy of the certificate of non-delivery by the last carrier

II.INFORMATION RELATING TO CLAIM

1. Declaring Person
   Name and Surname : ……
   Adress : ……phone : ……..
2. Date and time of the incident / accident: ……
3. Place of the accident: ……
4. Loading letter Nº : ……..
5. Loading Place: ……..
6. Off loading place : ……
7. Loading date: ……
8. Witnesses of the accident……..
   a)……
   b)……

9. Causes and circumstances of the incident:
   ……
   ……

10. **Names and addresses of affected third parties/ owners of goods transported**

N°	Name and surname	Adress	Estimated amount
1			
2			
3			
4			

All the above is so declared in good faith and in all sincerity.

Done at……, on ……

The Insured