



ZURICH

苏黎世保险

NOTICE OF LOSS (Marine)

Ref. No.:

Date:

Please return the completed notice with necessary claims documents to Claims Department, Zurich Insurance Company Beijing Branch.

※ **Policy No.:**

※ **Date of Reporting:**

※ **Insured Information:**

(1) Name:

(5) Tax Registration Certificate No.:

(2) Tel:

(6) Fax:

(3) Contact Person:

(7) Post Code:

(4) Address:

(8) E-mail:

※ **Description:** (Please describe cargo, quantity, cause of loss and delivery condition in details.)

※ **Claim Amount:** (Currency: _____) _____

※ **Inspection By:** (1) Loss Adjuster: _____
 (2) Zurich Claims Department: _____
 (3) Insured.

※ **Claims Documents:** (Please fill "√" in the attached documents)

- (1) ORIGINAL COPY OF POLICY
- (2) BILL OF LADING / AIR WAYBILL
- (3) PACKING LIST
- (4) COMMERCIAL INVOICE
- (5) IMPORT DECLARATION
- (6) DAMAGE REPORT / EIR / SHORT-LANDING REPORT
- (7) COPY OF NOTICE OF LOSS TO CARRIER / FORWARDER AND RETURNED RECEIPT
- (8) OTHERS _____

Signature: _____

(Please use the same seal / signature when receive payment)

Zurich Insurance Company, Beijing Branch

Address: 21st Floor, Gateway Tower A, No. 18 Xiaguang Li, North Road, East Third Ring, Chao Yang District, Beijing 100027, China

Tel: +86(10)8439 8088 /+86 (10) 8454 7799

Fax: +86 (10) 8454 7766