



Insurance

GAN Assurances IARD

Member of GROUPAMA Group, incorporated in France

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CLAIM FORM (For small claim under US\$650.00)

Please complete this form and submit to our Hong Kong Office as stated on the Certificate of Insurance together with all supporting documents. If the claim is exceeding US\$650.00, a Survey Report must be obtained from the Survey Agents as per IMPORTANT of the Certificate of Insurance under reference.

CERTIFICATE NO. _____ DATE OF ISSUE _____

NAME OF INSURED _____

PRESENT ADDRESS _____

PACKED BY _____ LOADING DATE _____

DESTINATION AGENT _____ DELIVERY DATE _____

PLACE OF LOSS _____ DATE OF LOSS _____

DETAILS OF CLAIMS

Inventory No.	Description of item and nature of damage	Original Cost	Replacement Cost	Amount of Claim
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Total amount of claim \$ _____

Describe how the loss or damage occurred _____

DECLARATION

I solemnly declare that to the best of my knowledge and belief the foregoing particulars are true and correct in every respect.

Signature of Claimant _____ Date _____