



安达保险有限公司  
上海市浦东新区  
世纪大道1229号  
东方汇广场801室  
邮编：200122

Chubb Insurance Company Limited  
Unit 801 Century Metropolis  
No. 1229 Century Avenue  
Pudong, Shanghai  
200122, P.R.C.

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## Cargo Claim Form 货物运输保险索赔申请表

The Insured is requested to state as fully and accurately as possible the information asked for hereunder and to return this form immediately to the Company via email to: **chn.claims@chubb.com** The acceptance of this form is not in itself an admission of liability on the part of the Company.

请索赔人尽可能完整、准确地填写此申请表，并立刻递交保险公司（报案邮件地址：**chn.claims@chubb.com**）。接受本申请表并不表示本公司已承认赔偿责任。

Marine Cargo

Inland Cargo

|                        |   |                               |
|------------------------|---|-------------------------------|
| Assured Name<br>被保险人名称 | Policy No./Insurance Certificate No.<br>保险单号/保险凭证号码 | Policy Issuing Office<br>出单公司 |
|------------------------|---|-------------------------------|

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| Date of Delivery at Port/Airport/Station<br>码头/机场/车站提货日期 | Date of Entering Your Warehouse<br>入库日期 | Carrier/Forwarder Name and Tel No.<br>承运人/货运代理名称及电话 |
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| If Any Delivery Receipt Remarkd to show the Exception of Damaged Property 有否货运事故证明 | Have You Noticed the Alleged Loss to the Liable Carrier/Forwarder or Any Other Concerned Party 是否已将该货损通知负有责任的承运人/货运代理 |
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| Interest Damaged<br>受损货物名称 | Any Local Repairer<br>当地有否维修商 | Estimate of Alleged Loss<br>估计损失金额 |
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| Vessel or Location<br>船名或事故地点 | B/L or Air W/B No.<br>提单/运单号 | Voyage 航程<br>From 从 Via 经 To 至 |
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| Departure Date<br>启运日期 | Sum Insured<br>投保金额 | If Premium Paid<br>保费是否交付 |
|------------------------|---------------------|---------------------------|

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| Describe in details when/where/how loss occurred/discovered<br>陈述事故发生/发现时间/地点/原因和经过 | Where is the damaged interest located and what is the status<br>请告知货物现在存放地点及现状 |
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Your Contact Person, Telephone, Fax & E-mail Address  
联系人、电话、传真及电邮地址

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**Anti-Fraud Warning & Declaration****《反保险欺诈提示》**

**Good faith is the basic principle of insurance contracts. Fraudulent insurance activities may result in the following liabilities:**

诚信是保险合同基本原则，涉嫌保险欺诈将承担以下责任：

**【Criminal】** Fraudulent insurance activities may result in criminal sentence of criminal detention, and fine or confiscation of property. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may constitute accomplices of insurance fraud.

**【刑事责任】** 进行保险诈骗犯罪活动，可能会受到拘役、有期徒刑，并处罚金或者没收财产的刑事处罚。保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，以保险诈骗罪的共犯论处。

**【Administrative】** Fraudulent insurance activities which do not constitute a crime may be punished by administrative penalties of detention up to 15 days and/ or a fine up to 5000 RMB. Surveyors or appraisers of insurance accidents, who facilitate others to commit fraud by intentionally providing false evidence, may also be subject to corresponding administrative penalties.

**【行政责任】** 进行保险诈骗活动，尚不构成犯罪的，可能会受到15日以下拘留、5000元以下罚款的行政处罚；保险事故的鉴定人、证明人故意提供虚假的证明文件，为他人诈骗提供条件的，也会受到相应的行政处罚。

**【Civil】** If the insurance applicant fails to perform his information disclosure obligations intentionally or due to gross negligence, the insurance company shall be exempt from the obligations of paying the insurance compensation.

**【民事责任】** 故意或因重大过失未履行如实告知义务，保险公司不承担赔偿或给付保险金的责任。

**I/We hereby declare that I have read and acknowledged the above Anti-Fraud Warning, and I/We declare the aforesaid statements are true with no false and omission.**

本人声明已经阅读并知晓《反保险欺诈提示》，以上陈述均属事实，并无虚假及遗漏。

Signature of Insured Company's Stamp

Position:

Date:

签字并盖公司公章:

职位

填写日期:

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**IMPORTANT:**

**Remember to send out a notice of claim to carrier. Not later than:-**

- 1. Sea freight or Inland transit - three days after the date of delivery**
- 2. Air freight - seven days after the date of delivery**

**Fail to send the notice of claim or fail to send it in a timely manner may prejudice your claim right under the Policy.**

**重要提示:**

发给承运人的索赔函，不得迟于：

1. 海运-提货后三天
2. 空运-提货后七天

没有向承运人发或及时发索赔函将影响到您在保险单下索赔的权益。