



Insurance

**GAN Assurances**

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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

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 \_\_\_\_\_