

MARINE CLAIM FORM

GENERAL INFORMATION

- Insured: ENGEN DRC SA
- Policy No: 1/01/063100041/2021
- Expiry Date: 07/07/2022
- Certificate No: 12005-33003-0006-13001-00000535-2022
- Declaration No:
- Contact person Name: CLAUDE MUDIANDAMBU
- Contact person Phone: +243 82 2703486
- Contact person Email: CLAUDE.MUDIANDAMBU @ ENGEN-CD
- Name & Address of Consignee: ENGEN DRC SA
- Nature of Goods: MATERIELS DE SIGNALISATION

DETAILS OF THE LOSS:

- Place of Loss: KINSHASA
- Date of Loss: 14/04/2022
- When was the loss / damage discovered: 14/04/2022
- Brief description includes cause of loss / damage: Une caisse en bois a percé l'emballage du panneau
- Were details of the loss/damage noted at the time of delivery? Yes
- Were details of the loss/damage noted on delivery order? NO

DETAILS OF THE TRANSIT

- Journey From: Malindi (Port Kland)
- Journey To: KINSHASA
- Where the good carried by a shipping line company, freight forwarder or carrier?
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- Carrier's Name: CMA CGM
- Carrier's Contact Details: Celeste NKUNGU (+243 971 134 840)
- Type of Transport: MULTI-MODAL

DETAILS OF THE GOODS

- Owner of Goods: ENGEN DRC SA
- No: of Bill of Lading / Seaway Bill / Airway Bill: AYN0905101
- Did the Police attend Place of Loss? NON

Mayfair Insurance Congo

E-mail: info@mayfair.cd, Tel: +243820142209

Siège Social: 2A, 2ème Étage, Immeuble 1113 Boulevard du 30 Juin, Kinshasa, RDC

Agrément: N°12005 du 07 Mars 2020 | Capital Social : 16,500,000,000 CDF

RCCM: CD/KNG/RCCM/19-B-02165 | ID Nat: 01-620-N53954T | NIF: A1921039Q

- If Yes, Police Report Details Including Reference Number And Police Station: N/A
- Did you take any other actions to reduce or minimize Losses / Damages? Non

DETAILS STATEMENT OF CLAIM

- Full description of item: PANNEAU DE SIGNALISATION
- Details of Loss / Damage: NON APPARENT
- Any Salvage:
- Sum Insured:
- Claim Amount:
- Description of items to be claimed

MAKE, MODEL & AGE	DETAILS OF LOSS / DAMAGE	CAN BE REPAIRED / TOTAL LOSS	AMOUNT IN USD

SUPPORTING DOCUMENTS AS APPLICABLE

- Letter Of Reserve Against Carrier / Ship / Airline
- Reply On Letter Of Reserve
- Commercial Invoice
- Repairs Invoice
- Replacement Invoice
- Packing List
- Delivery Order
- Bill Of Lading / Airway Bill / Seaway Bill

Declaration

I declare that to the best of my knowledge and belief, the information in this form is true and correct and I have not withheld any relevant information. I understand that Insurers do not admit liability by the issue of this form.

Insured's Name: PIC ENGEN DRC MUDIANDAMBU CLAUDE

Insured's Signature: 