

# THE INSURED



**LOSS OR DAMAGE FOUND**



**CHECK NATURAL OF LOSS OR DAMAGE**

Non Delivery (loss entire of package)  
Loss / Dmage other than Non-Delivery



**NON DELIVERY**



**LOSS / DAMAGE**  
other than Non Delivery  
Exceed USD 5,000  
(Conduct Independent Surveyor)



**LOSS / DAMAGE**  
other than Non Delivery  
Not Exceed USD 5,000



**INFORM US**  
by phone/fax/email and  
follow our instruction



**INSURANCE CLAIM FILED**



**SURVEY NOT REQUIRED**



**SURVEY REPORT ISSUED**



**SURVEY**



**SURVEY HELD BY IN-HOUSE SURVEYOR**



**REQUEST THE CARRIER TO ISSUE THE DAMAGE or Shortage Cargo Report**



**MAKE NOTICE OF CLAIM**  
to Carriers/Liable Party  
(Form 3)



**PAYMENT OF CLAIM**