

CLAIM FORM - MARINE

PRIVACY NOTICE

By completing this form, you will have provided NCBA Insurance Company Limited (NCBA-IG) with your Personal Data. Personal Data is any information that identifies you or other individuals named in this form. Please note that you should only provide Personal Data about someone else to us with the individual's express permission. NCBA Insurance will, in adherence to the principles of data protection, collect, store, use, transfer (including cross-border), and disclose certain Personal Data in connection with the provision of insurance services. You have a right to be informed of the use to which your Personal Data is to be put; a right to access your Personal Data in our custody and to request us transfer it to another organisation; a right to object to the processing of all or part of your Personal Data; a right not to be subject to a decision based solely on automated processing; a right to correction of false or misleading data; and to deletion of false or misleading data about you. Detailed information about how we use Personal Data is set out in our Privacy Policy, which you can find at <https://ke.ncbagroup.com/privacy-policy/>.

SECTION A : GENERAL INFORMATION

Name of Insured _____ Policy Number _____
 Address _____ Contact Name _____
 Telephone _____ Email Address _____

SECTION B : DETAILS OF THE LOSS

Date and time of loss/discovery _____ Where did the Event occur? _____

Brief description (includes cause of loss or damage):

Quantity / Physical Condition of Damage/Loss _____

Please advise the whereabouts and status of the cargo _____

If the carrier/bailee or any other concerned party was responsible for the loss, please provide details

SECTION C : CLAIM PAYMENT DETAILS

| | | | | |
|----------------|-------------------------|--|----------------------|--|
| PAYMENT METHOD | Name of account holder: | | | |
| | Name of bank: | | | |
| | Address of bank: | | | |
| | Branch code: | | Currency of account: | |
| | IBAN/Account Number: | | SWIFT/BIC Code: | |

SECTION D : DETAILS OF THE TRANSIT

Interest Insured _____ B/L or Waybill No. _____

Sum Insured _____ Journey from _____ Destination _____

Carrier's name and contact _____ Vessel/Vehicle No. _____

Sailing Date _____ Arrival Date _____ Delivery Date _____

Type of transport: Own Vehicle Road Carrier Rail Post Sea Air

SECTION E : DETAILS OF THE GOODS

Are you the owner of the goods?

Yes No

If 'NO', please provide details of the owner _____

Did any other insurance cover the goods at the time of loss?

Yes No

If 'YES', please provide the particulars and name of the insurer _____

If goods are damaged where can they be inspected? (Please advise contact name and phone number)

Have Police been notified?

Yes No

If 'YES', provide details of the station and date reported? _____

Have you taken any other action to reduce your loss?

Yes No

If 'YES', please provide details _____

SECTION F : DETAILED STATEMENT OF CLAIM

| Full Description of item (e.g. make, model, age) | Details of loss or damage | Sum Insured | Amount claimed |
|--|---------------------------|-------------|----------------|
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SECTION G : CONSENT & DECLARATION

Privacy Consent

Where you have shared sensitive personal information, including your health status, property details, and family details, we require your explicit consent for cross-border transfer. By ticking the box below, you consent to the international transfer of the sensitive personal information for policy management, claims processing, and customer support. Your data will be protected under appropriate safeguards, and you may withdraw your consent at any time by contacting ncbainsurance@ncbagroup.com.

I consent

I do not consent

Declaration

I/We declare that the above information is true and correct and that the signing of this claim form also constitutes written authority for NCBA Insurance to inspect or investigate any records or details relevant to this claim. I/we further declare that i/ we are aware that any misrepresentation and / or non-disclosure in respect of information provided herein shall render my/our claim null and void.

Name: _____

Signature: _____ Date: _____

(If Corporate)

Name: _____

Designation: _____

Company Stamp and Date:

NCBA Insurance Company Limited is regulated by the Insurance Regulatory Authority

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