Seawings nv

Claims presentation/processing form

Shipper	Consignee
	Name of carrier on B/L or WB:
ate of Arrival:	Total quantity of shipment:
eawing's- shipment no:	Total amount claimed: Naf:
	If yes with whom:
Detailed statement of claim: Number and description of article	es, nature of claim, amount of claim and how established
n case this snace is insufficient p	please be so kind to attach a separate letter.
	please be so kind to attach a separate letter.
in addition to the information given above, the follof this claim Copy b/l, or awb (required)	please be so kind to attach a separate letter.
In addition to the information given above, the follof this claim Copy b/l. or awb (required) Copy of commercial invoice (required)	
In addition to the information given above, the folloof this claim Copy b/l. or awb (required) Copy of commercial invoice (required) Copy of packing list (if available) Copy of delivery receipt (required) Copy of amounts listed in your claim not su	
In addition to the information given above, the follof this claim Copy b/l. or awb (required) Copy of commercial invoice (required) Copy of packing list (if available) Copy of delivery receipt (required) Copy of amounts listed in your claim not sue Survey report (if available)	llowing documents are to be submitted in support
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In addition to the information given above, the follof this claim Copy b/l. or awb (required) Copy of commercial invoice (required) Copy of packing list (if available) Copy of delivery receipt (required) Copy of amounts listed in your claim not sue Survey report (if available) The foregoing statement of facts Name of Claim received:	apported by the commercial invoice (required) as hereby certified as being true and correct claimant Place Date guarantee that claim is approved. Seawings use only

To all transactions effected or to be effected by Seawings NV the general conditions - as deposited with the registrar of the court of first Instance with jurisdiction in Curacao - shall be applicable

Seawings nv

Claims presentation/processing form Instruction sheet

1. Type of claim: select or briefly describe

2. Shipper: State full address + contact + telephone number + email

3. Consignee: State full address + contact + telephone number + email

- 4. <u>B/L. or AWB No</u>: Enter bill of lading or awb number that covered the transportation of merchandise which claim is being filled on.
- 5. Name of carrier: Enter the name of the carrier of the b/l. or the name of the airline/fwd

6. Date of arrival: Enter the date of arrival on Curacao

- 7. Total quantity of shipment: Enter the total number of pieces of the total shipment
- 8. Seawings shipment no: Enter the number of Seawings as indicated on the seawingsinvoice
- 9. Total amount claimed: Enter the amount sought from claim. This must be in NAF.
- 10. Is shipment insured: Select yes or no. This info can be seen on B/L or awb. In case you have your own insurance also indicate this.

11. Detailed statement: Enter a clear instruction how damaged occurred and what is being claimed, why and how the total was calculated.

- 12. Documents: Submit all pertinent documents in order to process claim in fastest possible manner. Some documents are required and must be submitted if claim is to be considered. Should there be any doubts please contact our staff by phone or send an email to seawings@madurosons.com. Failure to supply required documents could be a basis for denial of claim
- 13. Signature of claimant: Sign document with your company name and date
- 14. Please deliver your completed claim presentation form to:

Seawings N.V. Attn: Claim department Maduro plaza - Dokweg Po box 3304 - Willemstad Curação, N.A.

Submitting this claim registration sheet is no guarantee that claim is approved but is only a helpful tool to process your claim in the fastest possible manner.

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