

MARINE CARGO CLAIM FORM

Claim No:

Policy No:

The issuing of this form is not to be taken as an admission of liability by the Insurer.

1. NAME OF INSURED:

2. CONTACT DETAILS: (PHONE NO. / EMAIL)

3. OPEN COVER / POLICY NO.:

4. DETAILS OF CONSIGNMENT:

5. NAME OF VESSEL / DATE OF ARRIVAL:

6. WERE THE GOODS TRANSHIPPED?

7. DATE OF ARRIVAL OF CONSIGNMENT AT FINAL DESTINATION

8. DATE OF DELIVERY FROM CARRIERS APPLIED FOR / TAKEN

9. REASON (IF ANY) FOR DELAYED DELIVERY TAKEN.

10. EXTERNAL CONDITION OF GOODS NOTICED ON ARRIVAL:

11. NAME & ADDRESS OF THE CARRIER / TRANSPORTER:

12. BILL OF LADING NO.: / AIRWAY BILL NO.: / TRUCK CONSIGNMENT NOTE NO.:

13. DATE & PLACE WHERE LOSS OR DAMAGE OBSERVED.

14. DATE OF CLAIM LODGED ON CARRIER AND OR OTHER RESPONSIBLE PARTIES (ATTACH COPIES OF LETTERS EXCHANGED)

LOSS PARTICULARS:

1. DESCRIPTION OF LOSS:

2. ESTIMATION OF LOSS:

3. PROBABLE VALUE OF SALVAGE

4. CIF VALUE OF GOODS

5. KINDLY ADVISE US WHEN AND WHERE A SURVEY CAN BE ARRANGED IF NECESSARY:

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ANY OTHER DETAILS:

In the mean time, we, without prejudice request you to submit the following documents in order for us to proceed further:

1. Copy of Invoice.
2. Copy of Packing List.
3. Copy of Bill of Lading / Airway Bill.
4. Letters to Carrier / Freight Forwarder holding them responsible for the damages/shortages.
5. Replies from the Shipping Agent / Freight Forwarder.
6. Notice of Arrival.

IMPORTANT

- ❖ Any damages should not be disposed of without the permission of the insurance company.
- ❖ The above claim form should be completed and forwarded to the company as soon as possible and in no case later than 15 days from the date of loss.

NOTE

The undersigned Insured declares that he has answered the above questions conscientiously and truthfully.

Issued at _____ this _____ day of _____ 20_____

Signature