

MARINE CARGO CLAIM FORM

Policy No.

1. Name

Address

Contact No.

2. i. Name of Vessel ii. Sailing Date

From/To iv. Date of Landing

v. Date Delivery Taken

3. i. Date loss discovered ii. Location of loss

4. a. i. Consignee's Name

ii. Address

iii. Contact Numbers

b. Description of Consignment

5. a. Details of damage

b. Damage/Repair Estimate (\$)

I hereby declare that the foregoing particulars are true and correct to the best of my knowledge and belief. I/We further declare that the statements above can be relied upon in the contemplation of litigation proceedings which may arise.

Date

Insured's Signature & Stamp _____

The following documents are to be attached to the completed form:

- 1. Copy of Bill of Lading**
- 2. Damage Certificate**
- 3. Any other document which is deemed valid**