

Marine Insurance Claim Form

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please answer all questions and give complete details of information asked for. Where the space provided is insufficient, a separate sheet(s) should be attached.
- Please return this form, duly completed and signed, within 3 days from the date of receipt of this claim form.

Policy details:	
Number	
Period of Insurance	From _____ To _____
Type	
Details of insured:	
a) Full name of the insured	
b) Address for communication P.B. No. P.C. No. Location Number Landline Number Mobile Number Fax Number Email Address	
c) Business activity of the company	
Other details and information:	
a) Name of the Vessel / Carrier	
b) Date of arrival	
c) Name and address of the carrier's local agents	
d) LR/BL/AWB number and date	
e) Date of discharge of the goods from the carrier / vessel / aircraft	
f) External condition of goods on arrival at destination / port / airport	
g) Date when delivery from port / airport / carriers taken	
h) Date when loss / damage observed	

i) Place where damage / loss observed	
j) Was the delivery clearance report from carrier / port / airport taken? If not, reason	
k) Has a claim been lodged against the carrier? If not, please give the reason	
l) Date when claim lodged on carriers (please enclose copies of correspondence exchanged with carriers)	
m) Cause of loss/damage	
n) Description of loss / damage	
o) Estimate of loss	
p) Probable value of salvage if any	
q) Place where goods are available for survey	
r) Person to be contacted for survey	

DECLARATION:

I/We hereby confirm that the answers and information provided in this form are true and correct. I/We also confirm having noted that any false disclosure of information OR failure to provide adequate disclosure of information shall render this claim invalid.

Signature of the Insured: _____

Name: _____

Date: _____

Stamp: _____