

Claim Form

Marine Cargo

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Please answer all questions in full. Any delay in returning this may prejudice your claim under this policy.

Insured	
Address	
Telephone No	

Details of Shipment								
Vess	Vessel/ Aircraft							
Place	Place of Shipment							
	Method of Packing							
	oyage/ Flight No.							
Place of discharge								
Natu	re of Claim							
1.	. State whether property was lost, stolen or damaged							
2.	. When and where was the property last seen by you? (Date, Time, Location)							
3.	State how the loss, theft or damage occurred							
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4								
4.	4. State the circumstances on how the loss, theft or damage occurred							
5.	If theft, to whom was the theft reported?							
6.	Were all the articles your own property? If not, give names and address of all parties and their interests							



7.	Were there any insurances in force covering the property at the time of the loss, theft or damage? If yes, please detail
8.	Has a claim been lodged with the carrier? If yes, attach copy letter

The following forms must be attached

- 1. Original supplies docket
- 2. Delivery docket
- 3. Bills of lading
- 4. Any other evidence of loss or damage

I hereby warrant the truth of the forgoing statements, and the particulars hereof and I make this solemn declaration conscientiously believing the same to be true.

Date.....Signature of Insured.....



FULL DESCRIPTION OF ARTICLES LOST OF STOLEN OR DAMAGED INCLUDING SERIAL NUMBERS WHERE APPLICABLE	CONSIGNED FROM/TO NAME & ADDRESS	INVOICE COST	FREIGHT CHARGES	TOTAL CLAIM