



MARINE - CLAIM FORM

Place \_\_\_\_\_

Date \_\_\_\_\_

Re: Claim under Policy No.
Declaration No

Dear Sirs,

We have to advise you of loss or damage in transit as detailed below particulars of which are stated overleaf:

- 1. Name and address of the consignors:
2. Name and address of the consignees:
3. Nature of goods
4. Number and date of the Carrier's Receipt
5. Place of despatch
6. Place of destination
7. Date of arrival of the consignment at destination
8. Date of despatch to interior destination, if any
9. Date of taking delivery at the final destination
10. Reason for delay for taking delivery at final destination, if any
11. Date when loss or damaged noted
12. Total number of cases and/or packages despatched with marks if any
13. Number taken delivery of
14. Number not delivered by the Carriers(Steamer agents or land carriers)
15. Full details of the condition of the cases and/or Packages taken delivery of
16. If damaged in transit, was steamer survey held or open delivery taken? If so, attach certificates from the carriers
17. Has claim been made against carriers
18. If claim has not been lodged, state the reason for the same
19. Sound market value of the goods on date of arrival
20. Duty payable on sound goods
21. Further remarks
We enclose herewith the following documents
1. Original Insurance Policy and/or Certificate duly Endorsed
2. Complete invoices together with supplementaries
3. Copy of the Bill of Lading
4. Copies of correspondance exchanged with the carries Port Trust together with their replies in original
5. Steamers survey report
6. Carriers Certificate (Rail, Lorry, Post and/or Air)

Address \_\_\_\_\_

Yours faithfully

Signature

(\*Strike out whichever not applicable)

F. No. SPL – 4(H)

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**MARINE - CLAIM FORM**

Place \_\_\_\_\_

Date \_\_\_\_\_

**DETAILS OF DAMAGE**

**Particulars of goods  
and/or replacements**

**Nature of loss**

**Estimate of repairs**