



MARINE CARGO CLAIM FORM

CLAIM No. _____

DATE OF LOSS. _____

PLEASE ANSWER ALL QUESTIONS IN FULL. ANY DELAY IN RETURNING THIS FORM MAY PREJUDICE YOUR CLAIM UNDER THIS POLICY

INSURED NAME: _____
INSURED ADDRESS: _____

POLICY No: _____ CLIENT REFERENCE No: _____ VESSEL: _____
VOYAGE No: _____ ARRIVAL DATE: _____ PORT OF DISCHARGE: _____
PORT OF SHIPMENT: _____ DATE LOSS DISCOVERED: _____

NATURE OF CLAIM:
⊕ STRIKE OUT IF NOT APPLICABLE:
⊕ PILFERAGE ⊕ SHORTLANDED ⊕ DAMAGED (GIVE BRIEF DESCRIPTION OF TYPE OF DAMAGE)

Table with 2 columns: LIST & DESCRIBE ITEMS CLAIMED FOR, INVOICE VALUE. Includes rows for items, freight charges, and total.

THE FOLLOWING MUST BE ATTACHED

- 1. INVOICE AND COMBINED CERTIFICATLE OF VALUE & ORIGIN.
2. BILL OF LADING OR OTHER CONTRACT OF CARRAGE
3. WHARF DELIVERY DOCKET
4. ORIGINAL CERTIFICATE OF INSURANCE (WHEN APPLICABLE)
5. SURVEY REPORT OR OTHER DOCUMENTARY EVIDENCE SHOWING EXTENT OF LOSS OR DAMAGE
6. COPIES OF CORROSOPNDENCE EXCHANGED WITH CARRIERS AND OTHER PARTIES RAGARDING LIABILITY FOR THE LOSS OR DAMAGE

SIGNATURE OF CLAIMANT: _____ DATE: _____