

# Marine Cargo Insurance Claim Form

## Insured Details

Name of Insured

Policy Number

Address

Contact Number

Email

## Shipment Details

Consignee

Voyage/Transit From

To

Invoice Number

Date of Dispatch

Carrier Name

Vessel/Flight Number

Bill of Lading / AWB No.

Date of Arrival

## Loss / Damage Details

Date of Loss/Damage

Place of Loss/Damage

Description of Loss/Damage

Estimated Amount of Loss

Nature of Loss/Damage

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### Additional Information

Have Police/Authorities Been Notified?

Surveyor/Appraiser Name

Remarks

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### Declaration

Name

Signature

Date