

Marine Cargo Loss Survey Form

Survey Reference Number

Date of Survey

Insured Details

Insured Name

Contact Number

Address

Cargo Details

Description of Cargo

Cargo Quantity

Packaging Type

Value of Cargo

Voyage Details

Origin

Destination

Vessel Name / Voyage No.

Bill of Lading Number

Loss Details

Date & Time of Loss

Place of Loss

Narrative/Description of Loss

Inspection & Findings

Inspection Conducted By

Nature and Extent of Damage/Loss

Remarks

Supporting Documents

List of Documents Received

Surveyor's Details

Surveyor Name

Surveyor Signature

Date

