

Import/Export Marine Cargo Claim Form

Insured Details

Name of Insured

Policy Number

Address

Contact Number

Email

Cargo Details

Description of Cargo

Quantity

Invoice Value

Packing

Shipment Details

Shipper

Consignee

Vessel/Flight/Vehicle Name

Voyage/Flight Number

Bill of Lading / AWB Number

Date of Shipment

Port of Loading

Port of Discharge

Loss/Damage Details

Date of Loss/Damage

Time

Nature of Loss/Damage

Extent of Loss/Damage

Location/Place of Loss/Damage

Description of Incident

Surveyor/Authority Intimation

Surveyor/Authority Informed

Date Informed

Name of Surveyor/Authority

Documents Attached

Declaration

I/We hereby declare that the above statements are true and correct to the best of my/our knowledge and belief.

Place

Date

Name & Signature of the Insured