

Marine Liability Claim Report

Insured Details

Name of Insured

Contact Person

Address

Phone

Email

Policy Number

Incident Details

Date of Incident

Location

Description of Incident

Vessel Details

Vessel Name

IMO Number

Flag

Type of Vessel

Claimant Details

Name of Claimant

Address

Contact Information

Details of Claim

Nature of Claim

Amount Claimed

Additional Information

Declaration

I hereby declare that the information provided is true and correct to the best of my knowledge.

Signature

Date