

Marine Cargo Insurance Proof of Loss Declaration

Policy Number: _____

Insured Name: _____

Address: _____

Contact Details: _____

Consignment Details

Consignment Description	
Bill of Lading / Airway Bill No.	
Vessel / Flight / Transport Name	
Date of Arrival	
Port of Loading	
Port of Discharge	
Final Destination	

Details of Loss or Damage

Date and Time of Loss	
Place of Loss	
Circumstances of Loss	
Estimated Amount Claimed	
Particulars of Damaged Goods	

Supporting Documents

Declaration

I/we hereby declare that the foregoing statements are true and correct to the best of my/our knowledge and belief, and that the amounts claimed represent the actual loss sustained.

Authorized Signature

Date

