

Marine Cargo Insurance Statement of Facts

Policy Number

Name of Insured

Contact Number

Email

Vessel Name / Carrier

Voyage From

Voyage To

Date of Shipment

Date of Arrival

Container Number(s)

Bill of Lading / AWB No.

Description of Goods

Quantity

Insured Value (Currency & Amount)

Date & Time of Loss/Incident

Location of Loss/Incident

Nature & Extent of Loss/Damage

Cause of Loss (if known)

How and when was loss/damage discovered?

Action Taken Following Loss/Damage

Was a Survey Carried Out? By Whom?

Other Interested Parties (Notify if any)

Reported to Authorities? (Give details)

Date Reported

Additional Remarks

Declarant Name

Position/Title

Date

Signature