

Marine Insurance Claim Form

Insured Details

Name of Insured

Policy Number

Contact Number

Email Address

Address

Vessel / Conveyance Information

Name of Vessel / Carrier

Voyage Number

Port of Loading

Port of Discharge

Date of Departure

Date of Arrival

Consignment Details

Description of Goods

Quantity

Weight

Invoice Number

Invoice Value

Packaging

Claim Details

Date of Loss

Time of Loss

Place of Loss

Nature and Cause of Loss or Damage

Estimated Amount of Loss

Other Information

Has a notice of claim been served on carrier or party?

If yes, to whom and when?

Other Relevant Details

Declaration

I / We declare the above statements are true and complete to the best of my / our knowledge

Signature of Insured

Date