

# MARINE CLAIM FORM

**ISSUANCE OF THIS FORM IS NOT BE TAKEN AS ADMISSION OF LIABILITY**

Claim No. \_\_\_\_\_

Place

Date

Re: Claim under Policy No.  
Declaration No.

Dear Sirs,

We have to advise you of loss or damage in transit as detailed below particulars of which are stated overleaf:

1. Name and address of the consignors :
2. Name and address of the consignees :
3. Nature of goods :
4. Number and date of the Carrier's Receipt
5. Place of dispatch :
6. Place of destination
7. Date of arrival of the consignment at destination  
if by steamer, dates of landing and clearance :
8. Date of dispatch to interior destination, if any :
9. Date of taking delivery at the final destination :
10. Reason for delay for taking delivery at final  
destination, if any:
11. Date when loss or damaged noted:
12. Total number of cases and/or packages

Dispatched with marks if any:

13. Number taken delivery of :
14. Number not delivered by the Carriers (Steamer agents or land carriers)
15. Full details of the condition of the cases and/or Packages taken delivery of :
16. If damaged in transit, was steamer survey held or open delivery taken ? If so, attach certificates from the carriers :
17. Has claim been made against carriers:
18. If claim has not been lodged, state the reason for the same :
19. Sound market value of the goods on date of arrival
20. Duty payable on sound goods :
21. Further remarks

We also enclose herewith the following documents

- 1) Original Insurance Policy and/ or Certificate duly Endorsed
- 2) Complete invoices together with supplementaries
- 3) Copy of the Bill of Lading
- 4) Copies of correspondence exchanged with the carriers Port Trust together with their replies in original
- 5) Steamers survey report
- 6) Carriers Certificate  
(Rail, Lorry, Post and/or Air)

Address:-

Yours faithfully

Signature

(\*Strike out whichever not applicable)

**DETAILS OF DAMAGES**

**Particulars of goods**

**Nature of loss**

**Estimate of repairs and/or  
Replacements, etc.**

The above particulars are true to the best of my knowledge. I/We further declare that no other person has any interest in the said property, as Owner Mortgagee, Trustee of otherwise, and that it is not otherwise insured against with this or any other Office, except as above stated.

Place:

Date:

**Signature of Insured/ Claimant**