

MARINE CLAIM FORM

WITHOUT PREJUDICE

COMPANY DOES NOT ACCEPT LIABILITY BY THE ISSUE OF THE FORM.

1. POLICY NUMBER	
2. DECLARATION NUMBER	
3. NAME OF CLAIMANT(S)	
4. ADDRESS	
5. DESCRIPTION OF GOODS	
6. PACKING	
7. B/L NUMBER & DATE	
8. RAILWAY/TRUCKER RECEIPT NUMBER & DATE	
9. NAME OF VESSEL	
10. DATE ARRIVAL OF VESSEL	

11. DATE OF MOVEMENT OF GOODS FROM PORT	
12. DATE OF ARRIVAL AT FINAL DESTINATION	
13. NATURE OF DAMAGE	
14. WHETHER ANY OTHER SURVEY HELD AT PORT	
15. EXTERNAL CONDITION OF GOODS AT TIME OF TAKING DELIVERY.	
16. WHETHER OPEN DELIVERY TAKEN FORM RAILWAYS/ROAD TRANSPORTERS	
17. DATE OF INTIMATION OF CLAIM	
18. DETAILS OF LOSS/DAMAGE	
19. VALUE OF DAMAGE/LOST GOODS	
20. WHERE CAN THE GOODS BE EXAMINED	

I/We declare the foregoing particulars to be true and complete and I/We hold no other policy identifying me/us in respect of this claim.

Date.....

Signature.....