

CLAIM FORM MARINE CARGO / GOODS IN TRANSIT

Policy No. / Declaration No. - _____

We have to advise you of loss or damage in transit as detailed below:

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 despatch:
6. Place of destination:
7. Date of arrival of the consignment at destination
if by steamer, dates of landing and clearance:
8. Date of despatch 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
despatched 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

Place

Date

Signature

DETAILS OF DAMAGES

Particulars of goods

Nature of loss

Estimate of repairs and/or replacements