

# Marine Cargo Loss Insurance Claim Form

## 1. Policyholder Details

Full Name / Company Name

Policy Number

Contact Information

Address

## 2. Shipment Details

Consignment / BL / AWB Number

Vessel / Voyage / Flight

Port of Loading (Origin)

Port of Discharge (Destination)

Date of Departure

Date of Arrival

## 3. Nature of Loss / Damage

Date of Loss/Discovery

Place of Loss

Description of Loss / Damage

#### 4. Details of Cargo

Description of Goods

Quantity

Type of Packing

Invoice Value (Currency)

#### 5. Survey and Mitigation

Has Survey Been Conducted?

Yes / No

Surveyor's Name & Details

Steps Taken to Minimise Loss

#### 6. Other Parties Involved

Name of Carrier / Transporter

Have Carriers/Agents Been Notified?

Yes / No

Details of Notification

#### 7. Declaration

I/We hereby declare that all particulars herein are true and complete to the best of my/our knowledge.

Signature

Date

**Important Notes:**

- Ensure all information is accurate and supported by documentation (BL, invoices, survey reports).
- Report the loss immediately to carriers and insurance company to avoid claim rejection.
- Preserve all salvage and minimize further loss where possible.
- False or incomplete information may invalidate your claim.
- Attach all supporting documents when submitting this form.