

Consignment Details Format

Marine Cargo Loss Notification

Date of Notification:	_____	Reference No:	_____
Name of Insured / Notifier:	_____	Contact Number:	_____
Email Address:	_____	Address:	_____

Consignment Details

Consignee Name:	_____	Consignor Name:	_____
Policy Number:	_____	Invoice Number:	_____
Date of Dispatch:	_____	Mode of Transit:	_____
Vessel/Flight/Truck No:	_____	Port of Loading:	_____
Port of Discharge:	_____	Final Destination:	_____
Description of Goods:	_____		
Quantity & Packaging:	_____		
Value of Goods (INR/USD):	_____	Currency:	_____

Loss / Damage Details

Date & Time of Loss:	_____	Place of Loss:	_____
Nature of Loss / Damage:	_____		
Estimated Loss Amount:	_____	Surveyor Appointed (If any):	_____
Remarks:	_____		

Declaration

I/We hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief.

Authorized Signatory:	_____	Date:	_____
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Important Notes

- This format should be completed immediately upon discovery of loss or damage to the consignment.
- All relevant supporting documents (Invoice, BL/AWB, Survey Report, Photographs) should be attached.
- Incomplete information may delay the claim process.
- Ensure notification to insurers within the required period as per policy terms.
- Preserve all evidences and damaged goods for survey and inspection.