

INVOICE & VALUE DECLARATION FORM

Marine Cargo Loss

Policy Number:

Date of Loss:

Claim Number:

Insured Name:

Consignee Name:

Contact Number:

Cargo and Shipment Details

Vessel/Flight No.:

Bill of Lading/AWB No.:

Voyage/Ref. No.:

Port of Loading:

Port of Discharge:

Final Destination:

Invoice Details

Description of Goods	Quantity	Invoice No.	Invoice Date	Declared Value (Currency)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total Declared Value:

Currency:

Declaration

I/We hereby declare that the information stated above is true and correct to the best of my/our knowledge.

Name & Signature of Insured:

Date:

Important Notes:

- This form must be completed and submitted to process a claim for marine cargo loss.
- All values declared should be supported by original commercial invoices and shipping documents.
- Incorrect or incomplete information may delay claim settlement.
- Retain copies of all documents submitted for your records.
- The insurer reserves the right to request additional evidence if necessary.