

# Receiver's Loss Intimation Statement

## Marine Cargo Claims

Date of Intimation:	_____
Name of Receiver:	_____
Consignment Address:	_____
Policy Number:	_____
Insured Name:	_____
Consignment Note Number:	_____
Vessel/Flight/Vehicle No.:	_____
Arrival Date at Destination:	_____
Date of Loss/Shortage/Damage Discovered:	_____
Nature of Loss (Shortage/Damage/Missing):	_____
Description of Goods:	_____
Quantity/Weight Received:	_____
Quantity/Weight Lost or Damaged:	_____
Remarks/Observation:	_____

**Documents Attached:**

- Copy of Insurance Policy
- Consignment Note/Bill of Lading
- Packing List/Invoice
- Survey Report (if available)
- Photographs of Damage
- Any other relevant documents

**Receiver's Declaration:**

I hereby declare that all the information provided above is true to the best of my knowledge and belief.

Signature of Receiver:	Date:
_____	_____

**Important Notes:**

- This statement must be completed and submitted to the insurance company immediately upon discovery of loss/damage.
- Do not dispose of damaged goods or packaging until surveyed by the insurance representative.
- Retain all relevant documents and correspondence related to the shipment and claim.
- Incomplete forms or late submission may delay claim processing or result in claim rejection.

