

# Receiverâ€™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

### Receiverâ€™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.

