

Marine Insurance Claim Statement

Insured Name:

Policy Number:

Date of Issue:

Claim Number:

Contact Number:

Email Address:

Cargo Details

Description of Goods:

Quantity:

Insured Value:

Vessel Name:

Bill of Lading No.:

Date of Shipment:

Details of Loss or Damage

Date and Time of Occurrence:

Location of Incident:

Nature and Extent of Loss/Damage:

Cause of Loss/Damage (if known):

Supporting Documents Submitted

Bank Details for Claim Settlement

Bank Name:

Account Holder Name:

Account Number / IBAN:

SWIFT/BIC Code:

Bank Address:

Date:

Authorized Signature:

Name & Designation:

Important Notes:

- Accurate and complete details must be provided to avoid potential delays in processing the claim.
- Attach all supporting documents such as bill of lading, survey reports, photographs, invoices, and police report (if applicable).
- Notification of claim to the insurer should be made as soon as possible upon discovery of the loss or damage.
- This statement should be signed only by an authorized representative of the insured party.
- The insurer reserves the right to request additional information as deemed necessary.