

---

**OPEN MARINE/ TRANSIT CLAIM FORM**  
**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

POLICY NO. ....  
CLAIM NO. ....

**1. THE INSURED**

Name .....

Address .....

.....

Occupation or business .....

Telephone No.....

---

**2. DETAILS OF THE LOSS**

Name and Address of the Consignor

.....

.....

.....

Name and Address of the Consignee

.....

.....

.....

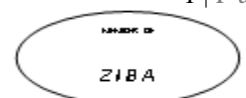
3. When did the loss or damage occur? Date .....

Time .....(eg. 15h30)

4. Nature of Goods

.....

5. Total number of Packages and / or cases dispatched with marks if any



.....  
.....  
6. Bill of lading No. / Airway Bill No. / Lorry Receipt NO. / Railway Receipt No. & Date  
(If multiple modes are involved, specify the details of all)

.....  
.....  
7. Place of Dispatch

.....  
8. Place of Destination

.....  
9. Date of arrival of the consignment at destination

.....  
10. Date of taking delivery at the final destination

.....  
11. Reason for delay for taking delivery at final destination if any

.....  
12. Date when loss or damage noted

.....  
13. Total number of cases and / packages dispatched with marks if any

.....  
14. Number taken delivery of

.....  
15. Number not delivered by the Carriers

.....  
16. Has claim been made against Carriers?

.....  
17. If claim has not been lodged, state the reason for the same

.....  
18. Estimated amount of loss



19. Describe fully how the loss or damage occurred

.....  
.....  
.....

20. Particulars of goods to be replaced / repaired

.....

21. Further Remarks

.....  
.....  
.....  
.....

We also enclose herewith the following documents

- 1) Original Insurance Policy and / Certificate duly endorsed.....yes.....no
- 2) Complete invoices together with supplementary.....yes.....no
- 3) Copy of the bill of lading.....yes.....no
- 4) Copies of correspondence exchanged with the Carriers Port Trust together with their replies in original.....yes.....no
- 5) Carriers Certificate (Rail, Lorry, Post and or Air).....yes.....no

---

I/We warrant the truth of the answer to the above questions and I/We declare that no information has been withheld and that the amount claimed represents my/our loss arising from the above stated occurrence.

**WARNING: INSURANCE FRAUD IS A CRIME**

Date.....Place.....

SIGNATURE OF INSURED .....

