

THE NEW INDIA ASSURANCE CO LTD

MARINE CARGO LOSS CLAIM

The Insured

Name:

Tel. No:

Address:

Occupation:

Consignees

Name:

Tel. No:

Address:

Occupation:

Policy Cover:

Nature of journey:

Starting Point

Destination point:

Port Of Destination:

Interest covered:

Nature of Claim:

Transshipment if any:

Name of vessel:

Date of sailing:

Date of arrival at destination port:

Date of discovery of loss

Type of receipt given taking delivery:

Date of claim lodged on port authority:

Date of claim lodged on shipping agents:

Amount claimed

Documents enclosed in support of our claim.

- Copy of suppliers invoice
- Shipping specification and/or weight notes
- Copy of bill of loading/or other contract of carriage
- Original Policy or certificate of insurance

Copy of claim against carriers and other parties & their reply

Original survey report and/or other documentary evidence to show the extent of loss/damage

Nature of receipt given to vessel

I/We declare that all the particulars stated in my/our claim above and any statements made in support of thereof are true to the best of my knowledge and belief and I/We wish to claim from THE NEW INDIA ASSURANCE CO. LTD. The amount(s) stated above.

Date:

Signature