

MARINE CARGO INSURANCE CLAIM INTIMATION FORM

SINGLE TRANSIT POLICY

Insured name	
Contact Person	
Tel + Mobile	
Email	
Policy No	
Date of Loss /Accident	
Date of Arrival of cargo at the destination	
Date of noticing the loss	
VOYAGE/TRANSIT From To	
Carrier – land /sea/ air (Bill of lading/Airway bill/Truck way bill/Courier receipt / Date)	
Details of cargo lost /damaged Copy of Police report if applicable	
Brief details of incident /loss	
Loss Claimed/Estimate of loss (Amount)	
Location where the cargo can be inspected	
Contact details of the person for arranging survey	

Remarks :	
Submitted By:	Date Submitted :