



MARINE CLAIM FORM

INSURED NAME IN FULL
ADDRESS & TEL. NO.
BUSINESS OF INSURED
POLICY NO.
NATURE OF GOODS
COUNTRY OF ORIGIN
DESTINATION OF GOODS
(a) Name & Address of Carrier
(b) Nature of contract (if printed enclose copy)
DATE GOODS WERE DELIVERED
VALUE OF CONSIGNMENT
AT WHAT POINT WAS THE LOSS DISCOVERED?
CIRCUMSTANCES OF LOSS

AMOUNT OF CLAIM

VALUE OF SALVAGE IF ANY

CONDITION OF CONSIGNMENT WHEN RECEIVED

IF CLAIM FOR RECOVERY MADE AGAINST CARRIER OR THIRD PARTIES GIVE PARTICULARS AND RESULT (CORRESPONDENCES SHOULD BE ATTACHED TO THIS FORM)

IS THERE ANY OTHER INSURANCE COVERING THE LOSS?

IF SO, STATE THE NATURE OF COVER & COMPANY INTERESTED

I/We further declare that the Details of loss mentioned on the other side, and insured under the

Marine certificate number dated under the policy of Marine Insurance with Standard Alliance Insurance Company

was damaged or short landed to the extent of the amount there specified.

I/We further declare that

- Here state nature of your interest, whether sole owner or holding the property in trust or on commission or otherwise of the property referred to above. except as stated overleaf.

Witness my/our hand this .day of ..19

Signature of the Claimant

INSTRUCTIONS

In an event of loss or damage which may give rise to a claim under this policy, notice must be given immediately.

The Cash Value of property stolen, destroyed or Short delivered by peril insured against shall in no case exceed what would be the cost to the insured or replacing the same: and in case of the depreciation of such property from use, or otherwise, a corresponding deduction shall be made from the cost of replacement in order to ascertain the actual Cash value immediately before the loss.

