



MARINE CLAIM FORM

INSURED NAME IN FULL.....

ADDRESS & TEL. NO.....

BUSINESS OF INSURED.....

POLICY NO.....

CERTIFICATE NO. & DATE:

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?.....

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CIRCUMSTANCES OF LOSS

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AMOUNT OF CLAIM.....

DOES CARGO RETAIN SALVAGE?.....

VALUE OF SALVAGE IF ANY.....

CONDITION OF CONSIGNMENT WHEN RECEIVED.....

IF CLAIM RECOVERY IS MADE AGAINST CARRIER OR THIRD PARTIES GIVE PARTICULARS AND RESULT (CORRESPONDENCES SHOULD BE ATTACHED TO THIS FORM) (I.E. PROTESTS LETTER & DAMAGE CERTIFICATE)

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IS THERE ANY OTHER INSURANCE COVERING THE LOSS?.....

IF SO, STATE THE NATURE OF COVER & COMPANY INTERESTED.....

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

Marine certificate number.....datedunder 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.....

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- 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.

