INFINITY Insurance

Marine Cargo Claim Form

Important Note - **Please ensure Your Claim Form is completed in full and returned within 7 days after receipt. Failure to complete your form in full will result in the form being returned to you and will hold up the processing of your claim**.

Policy no.: ______________ Name of Insured: ______________ ______________ Phone Contact No.:	Claim No.: ______________ Address: ______________ ______________ Email:
Name of other Interested Parties (Hire, Purchase, Lease, etc.) if any.	
Is there any other Insurance in force which would cover this Loss in whole or in part?	☐ Yes ☐ No
If answer is Yes, Please advise – with which Insurer.	
Name of Insurer:	Policy details:

Detail of Loss, Damage or Occurrence

Date of Loss/Damage/ or Occurrence:	Time:	AM/PM.
When was Loss/Damage/or Occurrence reported to you:	Time:	AM/PM.
Place of Loss/Damage/ or Occurrence:		
Please state full particulars how Damage or Loss occurrence: ______________		
Please describe nature of Damage or Loss:		

Goods Description

1. Goods stored at				
2. Nature of goods:				
3. Shipped per m.s.	From		On (date)	
Transshipped at	m.s.		On (date)	
4. Vessel arrived at	Date:			
5. Goods discharged from vessel to port warehouse/lighter	Date:			
6. Goods discharged from lighter to port warehouse	Date:			
7. Date of delivery to consignee's warehouse	B/L No.	Mark & No.	Nature of Packing	
8. Market value per article			Duty (rate)	
9. Examined by customs?			☐ Yes ☐ No	
10 Notice of damage/loss was given to the agents/owners of carriers			Date:	
If not, do you wish us to forward notice of damage/loss to agents/owners/vessel?			☐ Yes ☐ No	

Description of Property Lost or Damaged. **(If insufficient space, please attach separate list.)**

Item no.	Description of Property Lost or Damage	From Whom Purchased	Date of Purchased	Original Purchase Price	Deduction for Depreciation & Wear & Tear	Initial Claimant Amount
			Total:			

Contact Person:	Phone no.:
Position :	Fax no.:

Insured Declaration

Official Stamp: Date:	I (We) confirm and certify that the above details are true and correct. **Signature**: Date:

Document attached here to:

a. Original Bill of Lading or airway Bill (ocean, air, inland as supply shipment).
b. Signed shipper's invoice.
c. Original/duplicate insurance policy/certificate.
d. Original survey report and survey fee bill.
e. Carrier's joint survey report.
f. Port Authority's endorsement form or gate pass.
g. Carrier's tally sheer (where short-delivery is involved).
h. Copy of claim letter of Carrier's Agent and Port Authority and their original replies.
i. Claim bill (in triplicate) made out to us.