



Registered Office

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MARINE CARGO CLAIM FORM

1. NAME OF INSURED: _____

2. ADDRESS OF INSURED: _____

3. TEL NO.: _____ FAX NO.: _____ EMAIL: _____

4. POLICY NO.: _____

5. VESSEL NAME: _____

6. DATE OF LOSS: _____

7. DETAILS OF LOSS: _____

8. WHERE DAMAGE ITEMS CAN BE VIEWED: _____

9. NAME AND CONTACT NO. OF PERSON: _____

I/we hereby declare that the above statements are true and correct in every respect.

SIGNATURE OF PROPOSER: _____ DATE: _____