



THAPATHALI, KATHMANDU

MARINE CLAIM FORM

- 1. Name of the Insured/Claimant :
- 2. Policy No. :
- 3. Name of the Vessel or mode of conveyance :
- 4. Name and address of transport carrier :
- 5. External condition of goods on arrival :
- 6. Date of arrival of goods at destination :
- 7. Date when delivery from carriers applied for :
- 8. Date when delivery of goods taken :
- 9. Reason for delay in taking delivery, if any :
- 10. Date & place where loss/damages observed :
- 11. Whether examined delivery from carriers :
- 12. Whether claim on the carriers lodge if not give reasons:
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- 13. Date when claim lodge on the carriers (Please enclose copies of correspondence exchanged with the carriers)
- 14. Description and cause of loss/damages :
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- 15. Estimated amount of loss :
- 16. Probable value of salvage, if any :
- 17. CIF value of the goods :

Signature of Insured

Representative & office seal

Date