

Marine Insurance Claim Form
Cargo – Inland Transit

Claim No. : _____ (Official Use)

Policy No. : _____

- a. Please enclose Original Invoice
b. Surrender the Original Policy or declaration certificate

Declaration:
Certificate:

- 1). Name and address of the Assured _____
- 2). Name and address of the Consignor. _____
- 3). Name and address of the Consignee. _____
- 4). Station of origin and destination of consignment. _____
- 5). Carrier's Receipt No. and date and station from which issued _____
- 6). Goods carried at Owner's risk or carrier's risk. _____
- 7). Give a full description of goods consigned and their value _____
- 8). Details of mode of packing. _____
- 9). When delivery of the consignment was taken, was the outward condition of it such as to rouse suspicion about internal damage or shortage? Please give details. _____
- 10). Was open delivery of the consignment obtained and appropriate certificate from the representative of carriers obtained ? if obtained the certificate may be enclosed _____

- 11). (a) Date on which consignment reached
Destination _____
- (b) Date of receipt at Consignee's warehouse _____
- (c) Date of receipt at Consignee's warehouse _____
- 12). State the exact nature of damage or loss and
the approximate value of such loss _____
- 13). Are you interested in retaining salvage? If
so, what is your offer? _____
- 14). Please state the proximate cause of such loss
or damage _____
- 15). As per policy condition did you immediately
lodge a claim on the carriers? If so, copies
of correspondence exchanged with carriers
may be enclosed. _____
- 16). In case of shortage did you make a reference
to suppliers to ascertain if a short supply
was made by them through an error? _____
- 17). If the damaged article could be repaired or
re-conditioned, please indicate the cost that
would be involved. _____
- 18). After arrival of goods at final destination on
what date did the consignee start opening up
and inspection of the goods? _____
- 19). Any other information that relates to the claim _____

I/ We hereby certify that information herein given is to the best of my/our knowledge and information correct. I/ we also agree to render The Abu Dhabi National Takaful Co. Ltd. all necessary help in recovering the amount of all loss or a part of it either from carriers or from anybody whosoever ultimately become liable to make good the loss.

Place: _____

(Signature)

Date: _____

(Designation)