



MARINE INSURANCE CLAIM FORM

Policy No.

Claims No. : _____
(For Official Use)

- a) Please enclose Original Invoice
b) Surrender the Original Policy or declaration Certificate

Declaration:
Certificate:

Name of Insured

Business Address

Home address

Tel No. Mobile

e-mail _____

Name and Address of the Consignor

Name and Address of the Consignee

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1. Station of Original and destination of consignment	
2. Carrier's Receipt No. and date and station from which issued	
3. Goods carried at Owner's risk or Carrier's risk	

4.	Give a full description of goods consigned and their value	
5.	Details of mode of packing	
6.	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	
7.	Was open delivery of the Consignment obtained and appropriate certificate from the representative of carriers obtained? If obtained, the certificate may be enclosed	
8.	Date on which consignment reached destination	
9.	State the exact nature of damage or loss and the approximate value of such loss	
10.	Are you interested in retaining Salvage? If so, what is your offer?	
11.	Please state the proximate cause of such loss or damage	
12.	As per the policy condition, did you immediately lodge a claim in the carriers? If so, copies of correspondences exchanged with carriers may be enclosed loss or damage	
13.	In case of shortage, did you make a reference to suppliers to ascertain if a short supply was made by them through an error?	
14.	If the damaged article could be repaired or re-conditioned, please indicate the cost that would be involved	
15.	After arrival of goods at final destination on what date did the consignee start opening up and inspection of the goods?	
16.	Any other information that relates to the claim	

I/We hereby certify that the information herein given is to the best of my/our knowledge and information correct. I/We also agree to render 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 whatsoever ultimately become liable to make good the loss

Date & Signature of the Insured