



KBL Insurance

CLAIM FORM

(Company does not admit liability by the issuance of this form)

**MARINE
INSURANCE**

1. Policy Number -----
2. Name of Insured -----
3. Address of the Insured -----
4. E- mail address -----
5. Mobile number -----
6. Name of ship -----
7. Marine cert. number -----
8. Voyage from -----
9. Bill of lading number -----
10. Date of arrival -----
11. Date of discharge -----
12. Port of discharge -----
13. Date of customs examination -----
14. Estimate of Loss -----
15. Date of clearance/delivery -----
16. Please give a description of the nature of loss -----

17. Container number -----

18. Reason(s) for any delay in clearance -----

19. Details of any damage on container -----

20. Location of warehouse -----

Declaration

I ----- do hereby declare that the information given above is true and correct to the best of my knowledge. I further declare that the property for which this claim is made belongs to me, and no other person has interest in it, whether as owner, mortgagee or trustee.

Signature ----- Date -----

Witness

Name ----- Address -----

Signature ----- Date -----

Documents to be attached

1. Short landing certificate
2. Discrepancy certificate
3. Bill of lading
4. Customs bill of entry
5. Packaging list
6. Pro-forma invoice
7. Final invoice
8. NPA T. Form 3B
9. Form M
10. Container inspection report
11. Marine certificate of insurance
12. Out turn report
13. Letter of protest