



THE NEW INDIA ASSURANCE CO. LTD
P.O.Box No .2907, Ruwi, P.C.112
Sultanate of Oman

MARINE CARGO CLAIM INTIMATION FORM
(To be filled by Insured/Claimant)*

Re: Claim under Policy No./O.C.No.
Declaration No.

Dear Sirs,

We have to advise you to loss/damage to our consignment during transit, as detailed below :

Details of Consignment Damaged	
Contact Person	
Contact Nos. (Tel./Mobile)	
Transit - From - To	
Mode of Transit – Sea/Air/Land	
Location of Damaged Consignment	
Loaded in Container/Truck/Trailer	
Date and Time of Accident (if applicable)	
When noticed the damages	
Estimate of Loss	

You are requested to depute your Surveyors for inspecting the above damaged consignment.

Yours faithfully,

Co. Stamp & Signature

(*Strike out whichever is not applicable)