



P.O.Box 2907, Ruwi, PC 112  
Sultanate of Oman  
MARINE CARGO “INLAND TRANSIT” CLAIM FORM  
(To be filled by Insured / Claimant)\*

**Re : Claim under Policy No.**

**Declaration No.**

Dear Sirs,

This has reference to our Claim Intimation letter dated ..... We now furnish the duly filled and signed Claim Form, as detailed below :

Name and address of the Insured / Claimant	
Details of Damaged Consignment	
TCN No. & Date / Delivery Challan	
Date of Despatch	
Date of Arrival of consignment at destination	
Reasons for delay, if any, in reaching destination	
Date & Place where loss / damages noticed	
Complete details of the condition of the Cases / Packages when delivered / received	
If damaged in transit, was Damage Certificate or Open Delivery taken	
Has claim been made against Transporter.	
If claim has not been lodged on the Transporter, state the reasons for the same	
Estimate of repairs / replacement	
Salvage value of the affected consignment	
Cause of Loss / Damage	
Any other relevant information	

(\*Strike out whichever not applicable)

We enclose herewith the following documents :

- 1) Original Insurance Policy and/ or Certificate
- 2) Complete Invoices, Packing List, Purchase/Sales Order.
- 3) Copies of correspondence exchanged with the Transporter, together with their replies in original.
- 4) Carriers Certificate of Damage / Shortage
- 5) Claim Bill.
- 6) In case of Road Transit damages to be noted in the TCN & to be acknowledged by the Vehicle Driver.
- 7) In case of RTA, ROP Report / Baldiya Report with quantity of items damaged to be certified. In case of Fire damage during transit, Civil Defence Report quantifying the damages.

(\*Strike out whichever not applicable)

Yours faithfully,  
Co. Stamp & Signature