



MARINE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

Please enclose the original invoice

Surrender the original policy or declaration

Declaration No :

Policy No :	Claim No:
1.Name of the Insured:	
2.Address:	
3.Mobile No:	
4.Name of the Consignor:	
5.Address :	
6.Name of Consignee:	
7.Address:	
8.Goods carried at own risk or Carrier risk:	
9.Description of goods consigned/packing and Value:	
10.Place of dispatch:	
11. Place of destination :	
12.Bill of lading No/Air Way Bill No/Lorry receipt No/Railway receipt No.& Date:	
13.Date of landing at final port: Date of clearance: Date of dispatch to Final destination, if any : Reasons for delay in clearance, if any : Date of receipt at final destination:	

YOUR INSURER OF CHOICE

Chorten Lham, Post Box No 779, Ph.339893/339894 Fax No.339895



འབྲུག་ཉེན་བཅོལ་ཚོང་ལེ
Bhutan Insurance Limited
Providing Security, Building Confidence

Your Insurer of
CHOICE

14. Date and Place when loss or damage noted :	
15. External Conditions of the goods:	
16. Date of Survey:	
17. Number of packages &/or cases, delivery taken of:	
18. Number of packages &/or cases not delivered by the Carriers:	
19. Has claim been made against the carrier, if so copies of correspondence exchanged with carriers	
20. If claim has not been lodged, State reason :	
21. State the proximate cause of such losses or Damage:	
22. In case of shortage, did you refer to supplies to ascertain if a short supply was made by them through an error.	
23. If the damaged article could be repaired re – Conditioned . Please indicate the cost that would be involved :	
24. After arrival of goods at final destination on what date did the consignee start opening up and inspection of the foods	
25. Amount of loss:	

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Date :

Place :

Signature of the Insured

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