

Claim form

Complete the form and send it to your contact at Maritime Transport & Agencies

Shipping/Consignment number:		
B/L No.	AWB No.	Departure, date
Reception date or estimated	Claim date	

Description of the actual damage or loss

Nature of claim	Breakage <input type="checkbox"/>	Water <input type="checkbox"/>	Fire <input type="checkbox"/>	Lost <input type="checkbox"/>	Delay <input type="checkbox"/>
Other (describe)					

Description of damage/loss: What is damaged? Where is the damage?

Description:

From the cargo interest we have received the above claim regarding said shipment.

Since the damage/loss seems to have occurred whilst the goods were in your custody we hereby hold you liable for said claim. And we ask you to notify your insurer.

We will be back with specified claim as soon as we have got it. We kindly ask you to confirm Your reception of this claim.

(Alternative, if we already have got a specified claim)

Your Claim, state currency

Supporting documents to your claim:

Waybill/ B/B etc. Police report Invoice with terms of delivery (Incoterms) Survey report & documents supporting claim Other documents, photographs etc. of relevance to support your claim.)

The signer assures that information and supporting documentation provided in this claim is valid and truthful.

Company name, signers contact details
Date, Signature

Your immediate confirmation is most appreciated and we ask you please to advise when we can expect your settlement.

Please note and use our ref no.