

GOLDSTAR INSURANCE COMPANY LIMITED

MARINE CLAIM FORM

Policy No. :

Sum Insured :

Name of Claimant :

Address :

Description of goods and details of Packing :

B/L, R/R, CCN, etc. No. and date :

Name of Vessel and/or Conveyance :

From :

To :

Date of arrival of vessel/goods at destination :

Date of which application was given on :

Port Authorities for issue of shortlanding

Certificate (Steamer shipments) :

External condition of the goods at the time of
taking delivery :

Date of application for Survey/Open delivery

By carriers :

Cont'd..../2

Date of survey held/open delivery obtained :

Who made the survey/assessment :

Date on which survey was taken :

Date of arrival of goods at final warehouse :

Date of examination of contents in final warehouse :

Name of consignor in the R.R./G.C.N. :

Name of consignee in the R.R./G.C.N. endorsed? :

In whose favour was the R.R./G.C.N. endorsed? :

What risk notes, if any, were executed at the time
of booking? :

Has the value of the goods been paid on the Vendors? -

If so, when? :

Details of loss/damage :

Signature :

Date :