# Allied Insurance Company of the Maldives Pvt Ltd

*#04-06 S.T.O. Trade Centre, Orchid Magu, Male', Republic of Maldives. Tel: (960) 32 46 12, Fax: (960) 32 50 35*
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## MARINE CARGO CLAIM FORM

1/ Details of Insurance:
Policy No(s):
Sum Insured:
Sailing date: / /
From: To:
Name of the vessel:
Risk Covered:

**For Office Use:**
Policy No. (s): .....
Claim No: .....
Date of Notice: .....
Received by: .....
File Opened by: .....

2/ Details of the Insured:
Name:
Address:
Tel. No. Fax. No.

3/ Details of the Consignee:
Name:
Address:
Tel. No. Fax. No.

4/ Details of the Claim:
Nature of the loss:
Amount of loss: US$ / MRF
Date of landing: / / Date of Delivery taken: / /
Ports Authority Certificate No: Date of Survey:
Name of Surveyor:
Place of Surveyor:

**The above information is true, correct and valid**.
Name:
Signed: Date: / /

Documents to be attached:
**1/** Original of the policy
**2/** Copy of the bill of lading
**3/** Damage Certificate
**4/** Copy of Notice of Shipping company
**5/** Surveyors Report
**6/** Any other document / report which is deemed valid.

If any field is found inadequate please attach additional sheets as required.