



Dhivehi Insurance Company Pvt. Ltd.
G. Maajehige Aage, 1st Floor, Daisy Magu
Male', 20129
Republic of Maldives
☎: (960) 3007799, 📠: (960) 3017788
✉: info@dhivehiinsurance.com
🌐: www.dhivehiinsurance.com

Claim Form Marine Cargo Insurance

FOR OFFICE USE ONLY

Claim No.:

IMPORTANT NOTE

You are to disclose to us, fully and faithfully all the facts which you know or ought to know, otherwise the claim submitted hereunder may be declined.

A. DETAILS OF INSURANCE

Policy No.		
Sailing Date (dd/mm/yy):	Journey from:	To:
Name of the Vessel:		
Subject matter insured:		

B. DETAILS OF INSURED

Name:	Phone No.
Email:	
Address:	
<input type="text"/>	

C. DETAILS OF CONSIGNEE

Name:	Phone No.
Email:	
Address:	

D. DETAILS OF LOSS

Nature of Loss:	Date of loss or loss discovered:
Date of Arrival:	Date of Delivery taken:
Date of Survey:	Name of Surveyor:
Amount of Loss:	Place of Survey:

Ports Authority Certificate No.

E. DOCUMENTS TO BE ATTACHED

- | | |
|--|---|
| <input type="checkbox"/> Original Insurance policy | <input type="checkbox"/> Dispose Certificate from relevant authority (if necessary) |
| <input type="checkbox"/> Proforma Invoice | <input type="checkbox"/> Surveyors Report from port of discharge (if necessary) |
| <input type="checkbox"/> Packing list | <input type="checkbox"/> Damage survey report |
| <input type="checkbox"/> Original or copy of commercial invoice, together with shipping specifications | <input type="checkbox"/> Delivery receipts |
| <input type="checkbox"/> Original Bill of Landing / Airway Bill | <input type="checkbox"/> Loss notification to shipping company and their response |
| <input type="checkbox"/> Damage Certificate | <input type="checkbox"/> Loss notification letter to the supplier |
| <input type="checkbox"/> Detailed breakdown of the sum being claimed | <input type="checkbox"/> Temperature chart (for refrigerated containers) |

F. DECLARATION

I/We declare that the particulars given on this form are true and complete.

Signature of Insured:

Date:

(If a Limited Company, give status of signatory and affix company's rubber stamp)