



Notice of Loss

Preliminary/Watch Claim Formal Claim

Insured Name: _____

Insured Address: _____

Insured Contact: _____

Insured Email: _____ **Insured Phone #:** _____

Insured Certificate #: _____

Claimant Name: _____

Claimant Address: _____

Claimant Contact: _____

Bill of Lading #: _____ **Bill of Lading Date:** _____

Vessel Name: _____

Commodity: _____

Packing: _____

Weight of Damaged or Lost Cargo: _____

Quantity of Damaged Packages: _____

Insured Value: _____

Claim amount: _____

**DETAILED CLAIM STATEMENT SHOWING HOW THE CLAIM AMOUNT IS DETERMINED
(Number and description of articles, nature and event of loss or damage, invoice value of articles)**

I have read the information appearing on this form and the foregoing statement of facts is hereby certified as correct.

Signature of Claimant

Title

Date