



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)

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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Signature of Insured

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date