

UNITED INSURANCE CO. (NEPAL) LTD.
Durbar Marg, Kathmandu

MARINE CLAIM FORM

1. Name of the Insured/ Claimant _____
2. Policy no. _____
3. Name of the Vessel or mode of conveyance _____
4. Name and address of transport carrier _____
5. External condition of goods on arrival _____
6. Date of arrival of goods at destination _____
7. Date when delivery from carriers applied for _____
8. Date when delivery of goods taken _____
9. Reason for delay in taking delivery, if any _____
10. Date & place where loss/ damages observed _____
11. Whether examined delivery from carriers _____
12. Whether claim on the carriers lodge
if not give reasons. _____
13. Date when claim lodge on the carriers _____
(Please enclose copies of correspondence
exchanged with the carriers) _____
14. Description and cause of loss/damages _____

15. Estimated amount of loss _____
16. Probable value of salvage, if any _____
17. CIF value of the goods _____

Signature of Insured

Representative & Office Seal

Date