



الخليج للتأمين التكافلي  
AlKhaleej Takaful Insurance

## MARINE CARGO CLAIM REPORTING FORM

Please provide the following vital information in order to register the claim and to arrange survey:

Policy No.	
Name of the Supplier /Shipper	
Date of Arrival	
What was the condition when you take the delivery form airport	
When and where occurrence happened	
Nature of Loss	
Circumstances of the Loss(Brief Description)	
Repair Quotation	
Brief description of the incident	
Contact details of the person in-charge for this claim	
Photographs ( if any)	

I/we declare that the information given above is to be true and correct to best of my knowledge.

Name of authorized signatory \_\_\_\_\_ Title/Position \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_