



Covering Risk. Improving Lives.

Alliance Africa General Insurance Limited

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MARINE CLAIM FORM

(The issue of this form is not to be taken as an admission of liability)

1. Policy Information

- Policy / Certificate No.:

2. Insured & Consignee Details

- Name of Insured:
- Name of Consignees:
- Address:
- Email Address:

3. Shipping Information

- Name of Vessel:
- Transshipment (if any):
- Port & Date of Arrival:
- Final Destination & Date of Arrival:
- Date Delivery Taken:
- Clearing Agents:
- Mode of Transport (Port → Destination):
- State:

4. Condition of Goods

- **At Port (and nature of receipt given to Port authorities):**
- **At Bonded Warehouse (and nature of receipt given to coders):**
.....
- **At Consignee's Warehouse (and nature of receipt given to carriers):**
.....

5. Details of Loss

- **Pilferage:** Number of items missing, details of packages (attach sheet if necessary)
.....
- **Water/Other Damage:** Extent of damage, salvageable goods
- **Aggravated Loss:** Reasons
- **Packages Weighed/Examined at Acceptance:** Yes / No
- **Survey Held:** Yes / No. If yes, by whom?
- **Written Claim Filed Against Carriers:** Yes / No (Attach copy if applicable)

6. Additional Information

- Any other relevant information:

7. Declaration

Data Collection Consent: I consent to the collection, verification, processing, storage and lawful use of my personal data for identification, regulatory compliance, and the provision of insurance services

I/We, the above named, do hereby to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect. I/We agree that if any false or fraudulent statement or suppression/concealment is made, my/our claim shall be forfeited and the Policy shall be null and void.

- **Date:**
- **Witness:**

- **Signature & Official Stamp:**



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