

MARINE CARGO INSURANCE

Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and the issuance of this form is not to be considered as an admission of liability. Kindly fill in all the blanks and give complete details of information asked.

Please return this form, duly filled, sealed & signed, within 7 days, from the date of occurrence.

Policy / Cover No.	
Certificate No. / Date	
Interested Party (Name & complete Address)	
When the Loss was detected	
Damage Certificate from Carriers Obtained	
Monetary Claim on Carriers Lodged	
Voyage / Journey Covered (From:, To:)	
Description of Goods in transit	
Mode of Transportation	
Type of Packing	
Type of Damage	
Extent of Damage	
Invoice No. / Date	
Bill of Lading / Airway Bill No. / Date	
Bill of Entry No. / Date	
Consignment Note No. / Date	
Material Receipt Report No. / Date	
Basis of Valuation	
Amount Claimed	
Details of Other Existing Insurances	
Name & Address of Company	Policy No. & Sum Insured

We/ I, the undersigned confirm that above given details are true & correct to the best of my/our knowledge

Place: _____

Signature of Policyholder: _____

Date: _____

Note: Please provide complete answers to all the above questions. Whether, Question is not applicable, please mention 'NA'. All communications should be forwarded to following address.

 <p>AlKoot INSURANCE & REINSURANCE الكوت للتأمين و إعادة التأمين</p>	<h2>CLAIM FORM</h2>	<p>AK-GI-FM-023</p> <p>Rev.: 0 Date: 24-06-2020</p>
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The complaint procedure is available in below mentioned Website:

Claims Department,
Al Koot Insurance & Reinsurance Company;
P.J.S.C, P.O. Box 24563, Doha – Qatar,
Telephone: +974 4040 2999
Website www.alkoot.com.qa

Al Koot is a Private Joint Stock Company licensed by Qatar Central Bank.