



**PREMIER INSURANCE CO. (NEPAL) LTD.  
NARAYAN CHAUR , NAXAL  
KATHMANDU, NEPAL  
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**MARINE CLAIM FORM**

**THE ISSUE OF THIS FORM DOES NOT CONSTITUTE ADMISSION OF LIABILITY**

1. Name of the Claimant/ Consignee :
2. Name of the vessel or mode of conveyance :
3. Name and address of Transport Carrier :
4. Date of arrival of goods at destination :
5. External condition of goods on arrival :
6. Date when delivery from carriers applied for :
7. Date when delivery of goods taken :
8. Reasons for delay in taking delivery, if any :
9. Date when and place where loss/damages observed :
10. Whether examined delivery form carriers taken? :  
If not reasons :
11. Whether claim on the carriers lodged? :  
If not reasons :
12. Date when claim lodged on the carriers :  
(Please enclose copies of correspondence  
exchanged with the carriers) :
13. Description and cause of loss/damage :
14. Estimate of loss :
15. Probable value of salvage , if any :
16. CIF value of the goods :

**Note:**

***If the space is not sufficient for reply to any question, please give details on a slip to be attached to the Claim Form.***