

MARINE CARGO CLAIM FORM

1.	Nama dan Alamat Tertanggung / Pengaju klaim Name and Address of Insured / Claimant	
2.	No. Polis Marine Cargo Marine Cargo Policy Number	
3.	Jenis Barang / Cargo yang mengalami kerugian Interest of Insured	
4.	Nilai Pertanggungan Amount Insured	
5.	Tempat, Tanggal dan jam terjadinya kerugian Place, Date and Time of Loss	
6.	Penyebab dari kerugian / kerusakan Cause of Damage	
7.	Nama Alat Angkut / Ekspedisi Name of Conveyance / Expedition	
8.	Tanggal Keberangkatan dan Rute Perjalanan Sailing Date and Route	
9.	Tanggal Kedatangan Date of Arrival	
10.	Jenis Pertanggungan Type of Coverage	
11.	Perkiraan Nilai Kerugian Estimate of Loss	
12.	Informasi Tambahan Lainnya Other Information	

The above statements are made in sincerity and in accordance with the truth

at, Jakarta 20

Name and Signature of the Insured