Claim No.: Date:

To Sompo Japan Insurance Inc.

DAMAGE REPORT FOR MARINE CLAIM

|  |  |
| --- | --- |
| 1. Policy No. :　　　 | 2. Invoice No. :　　　 |
| 3. Name of Vessel : 　　　 | 4. Sailing date :　　　 |
| 5. Date on which goods were landed : 　　　 |
| 6. Date on which and Place where unpacking and inspection were made :  |
| 7. Date on which goods were delivered to the above place : |
| 8. Date on which loss／damage occurred : |
| 9. Date on which loss／damage was discovered :  |
| 10. Date on which notice of loss／damage was given to the insurance company : |
| 11. Particulars of Shipment  Description & Quantity of Packages :  |
| 12. Particulars of loss／damage (1) Description, Case No., Quantity & Invoice value (unit price) of lost or damaged goods :  (2) Nature & Cause of loss／damage :  (3) Extent of loss／damage (To be explained by photographs or sketches of damaged goods) :  (4) Repairing of the damaged goods (a) Method and schedule of repair, if possible (If impossible, technical or economical reason):   (b) Salved value remaining on the damaged goods :　　　　   (c) Salved value remaining on the damaged goods :    |
|  (5) Claim Amount   |

 NAME OF COMPANY

 SIGNATURE

POSITION & TITLE OF SIGNER