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