

# SALAM TAKAFUL INSURANCE COMPANY LIMITED

65, IBRAHIM TAIWO ROAD, KANO

Website: [www.salamtakafulinsurance.com](http://www.salamtakafulinsurance.com)

Email: [info@salamtakafulinsurance.com](mailto:info@salamtakafulinsurance.com)



## MARINE CARGO CLAIM FORM

**Instructions:** i- Use (✓) where appropriate.  
ii- Please answer questions fully and return this form

### PART A: POLICY DETAILS

POLICY NO:

Date of payment of last contribution: \_\_/\_\_/\_\_\_\_ format dd/mm/yyyy

### PART B: PARTICIPANT DETAILS

FULLNAME:

ADDRESS:

TELEPHONE:

OCCUPATION/  
BUSINESS:

### PART C: DETAILS OF CARGO

i- Description of cargo:

ii- Proforma Invoices Numbers:

iii- Port of departure:

iv- Port of destination:

v- Name of Clearing Agent:

### PART D: DETAILS OF LOSS/DAMAGE

i- When was the loss/damage? Time: \_\_: \_\_ am/pm format HH:MM Date: \_\_/\_\_/\_\_\_\_ format dd/mm/yyyy

ii- Place loss/damage occurred:

Authorized and Regulated by:



Member of:



iii- Extent of loss/damage:

iv- Cause of loss/damage:

v- How did the loss/damage occur?

vi- By whom was the loss/damage reported:

**PART E: OTHER DETAILS**

i- Give the details of Third party involved (if any):

ii- Eye witness Account:

**PART E: DECLARATION**

I HEREBY DECLARE that the property claimed particulars of which are given above, has been lost or damaged and that all the statements on this form are to the best of my knowledge and belief correct.

Signature: .....

Date: .....20.....

Authorized and Regulated by:



Member of:

