## CLAIM SETTLEMENT FORM MARINE DEPARTMENT

Participant:	Claim No:
Policy No:	Sum Covered:
Commodity:	Voyage From: To:
	Invoice No/Date
Loss / Damage to:	Sailing Date:
Vessel:	IGM No./ Date:
Ship. Agent:	B/L No./ Date:
Deductible:	D
General Average (if any):	Arrival at Port:
Surveyor Name:	Arrival at Final/Dest.
Passed To R/T on:	Time Barred:
Salvage:	
FAC R/T:	Settlement of Claim
Estimated Loss:	_ Total Amount Payable :- Rs
Expected Salvage Recovery Rs. :	_ (- ) Deductible @ Rs
Location:	Net Payable: Rs
Survey Fees: Rs	(Rupees)
( - ) Tax @ 8 % Rs	
Net Payable: Rs	
Approval Request : Kindly Approve Settlement o	The Following Amount:
<u>Date</u> <u>Type</u>	Amount Requesting Officer Approved By
<b>To Accounts Dept:</b> Please issue Cheque / Cred documents as shown against the payment request.	t Notes as shown below and release upon submission of
	eing Issue in Favour of Release upon Signature / Submission of Date

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## **Check List (Marine)**

Yes

Date: \_\_\_\_\_

**Documents / Information** 

Prepared By: \_\_\_\_\_