



**Registered Office**

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## MARINE CARGO CLAIM FORM

1. NAME OF INSURED: \_\_\_\_\_

2. a) ADDRESS OF INSURED: \_\_\_\_\_

b) PLACE OF BIRTH: \_\_\_\_\_ c) NATIONALITY: \_\_\_\_\_

3. TEL NO.: \_\_\_\_\_ FAX NO.: \_\_\_\_\_ EMAIL: \_\_\_\_\_

4. POLICY NO.: \_\_\_\_\_

5. VESSEL NAME: \_\_\_\_\_

6. DATE OF LOSS: \_\_\_\_\_

7. DETAILS OF LOSS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. WHERE DAMAGE ITEMS CAN BE VIEWED: \_\_\_\_\_

\_\_\_\_\_

9. NAME AND CONTACT NO. OF PERSON: \_\_\_\_\_

\_\_\_\_\_

I/we hereby declare that the above statements are true and correct in every respect.

SIGNATURE OF PROPOSER: \_\_\_\_\_ DATE: \_\_\_\_\_