

# MARINE CARGO CLAIM REPORTING FORM



Please provide the following vital information in order to register the claim and to arrange survey

Name of the Insured	
Policy Number	
Date of Arrival of the Vessel/Air Craft/Truck	
Nature of Loss	
Circumstances of the Loss	
APRX. Value of the Damaged Items	
Location of the Damaged Items	
Contact Person & Contact details	

I/we declare that the information given above are true and correct to best of my knowledge.

Signature:.....

Date:.....

Place:.....

**Damaan Islamic Insurance Company – Beema (Q.P.S.C)**

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