

Claims Notification Form

For prompt survey attendance, loss assessment and claims support, please complete the available details below.

Fields may be left blank where information is not yet available. Attach supporting documents where applicable.

1. CLAIM & CLIENT DETAILS

Company / Assured

Claim / Policy Reference

Insurer / Principal

Policy / Certificate No.

Contact Person

Email

Telephone

Date Reported to IMLARCO

2. INCIDENT DETAILS

Date of Incident

Time (if known)

Location / Port / Terminal

Vessel / Conveyance

Voyage / B/L / Container / Cargo Reference

Estimated Claim Amount (if known)

Currency

Nature of Matter (select all that apply)

- | | | | |
|--|---|--|--|
| ☐ Cargo Damage / Loss | ☐ Hull & Machinery | ☐ Marine Casualty | ☐ Bunker / Fuel |
| ☐ Survey / Condition | ☐ Cargo Recovery | ☐ Legal / Liability | ☐ Other |

Brief Description of Incident / Damage

Response, Parties & Supporting Information

3. IMMEDIATE ACTION & CURRENT STATUS

Action already taken (survey, mitigation, segregation, repairs, preservation of evidence, etc.)

Current status / urgent assistance required

4. PARTIES INVOLVED

Carrier / Vessel Owner / Operator / Freight Forwarder / Terminal / Other Relevant Parties

5. DOCUMENTS AVAILABLE

- | | |
|--|---|
| ☐ Photographs / videos | ☐ Bill of Lading / transport document |
| ☐ Commercial invoice / packing list | ☐ Survey / incident / accident report |
| ☐ Relevant correspondence / notices | ☐ Contractual terms / policy / certificate |
| ☐ Logs / records / temperature data | ☐ Other supporting documents |

6. SUBMITTED BY

Name

Position / Company

Date

Email / Telephone

Submit completed form and supporting documents to: info@imlarco.com

IMPORTANT

Please preserve all relevant evidence and documents. Where liability may arise, avoid admissions or settlements without appropriate authority from the relevant insurer, principal or instructing party.