

Date:

The claims manager
(Shipper address)

Dear Sir/Madam,

VESSEL:

VOYAGE:

BILL OF LADING:

EX PORT OF:

ARRIVAL PORT OF:

DESCRIPTION OF GOODS:

We hold you liable for loss suffered by the above goods, caused by:

- IMPACT
- OTHER

Should you wish to survey the goods, please contact this office within 3 days of receipt of this claim.

Your company was notified on this event on *(enter date)* and invited to survey the goods.

A Valued claim will follow once the final loss has been determined.

Yours faithfully,