

# CLAIM FORM



SUBMITTED BY:

THIS IS A:

SHIP:

PORT(S):

DATE(S):

DESCRIPTION OF CLAIM:

DATE:

BRITANNIA REF:

MEMBER REF:

VOYAGE NO:

The Britannia Steam Ship Insurance Association Limited

*Note: A separate claim form should be used for each claim to which a separate deductible may apply. Please submit this form together with full supporting vouchers.*

			OFFICE USE ONLY	
VOUCHER	DETAILS OF EACH PAYMENT MADE (RELEVANT DATES AND NAMES TO BE SHOWN)	AMOUNT OF CLAIM IN CURRENCY OF SETTLEMENT/LOSS	EXCHANGE RATE(S)	APPROVED CLAIM

┌	└	C/ISSUED:		TOTAL	
		C/NUMBER:		DEDUCTIBLE	
		MEMBER:		TOTAL	
		PER:			
		SHIP NO:		CLAIM NO:	

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