

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 Europe

*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:	
└	┌			