

# Seven Seas Insurance Company, Inc. Four Star Cargo Survey Report

PLEASE PRINT

CARRIER'S OCP #: 01 - 119 - 89

DATE OF DISCHARGE: \_\_\_\_\_

REFERENCE #: \_\_\_\_\_

DATE OF DELIVERY: \_\_\_\_\_

CLAIMANT (Mr./Mrs./Ms.): \_\_\_\_\_

DATE OF NOTIFICATION: \_\_\_\_\_

VES/VOY/BOL: \_\_\_\_\_

SURVEY PERFORMED BY:

AMOUNT OF CLAIM IN USD: \$ \_\_\_\_\_

◇ CARRIER: \_\_\_\_\_

◇ INDEPENDENT SURVEYOR: \_\_\_\_\_

SURVEY REQUESTED BY: \_\_\_\_\_

DATE SURVEY PERFORMED: \_\_\_\_\_

PLACE SURVEY PERFORMED: \_\_\_\_\_

DETAILED DESCRIPTION OF DAMAGE:

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HOW WERE GOODS PACKAGED: (Please check appropriate boxes)

◇ CRATES      ◇ BOXES      ◇ VISQUEEN      ◇ OTHER: \_\_\_\_\_  
◇ PALLETS      ◇ SHRINK WRAPPED      ◇ BANDED

EXTERNAL CONDITIONS UPON INSPECTION: (Please check appropriate boxes)

◇ WET      ◇ PILFERED      ◇ OTHER: \_\_\_\_\_  
◇ CRUSHED      ◇ DENTED

WHAT CAUSED THE DAMAGE: (Please check appropriate boxes)

◇ PILFERAGE      ◇ PACKAGING      ◇ OTHER: \_\_\_\_\_  
◇ STOWAGE      ◇ HANDLING

INVOICE VALUE OF MECHANDISE DAMAGED OR SHORT IN USD: \$ \_\_\_\_\_

IS CLAIMANT WILLING TO ACCEPT A PERCENTAGE LOSS AND KEEP THE CARGO? ◇ YES      ◇ NO

IF YES, WHAT IS THE PERCENTAGE OR DOLLAR AMOUNT REQUESTED? \_\_\_\_\_

PHOTOS TAKEN BY: \_\_\_\_\_ REPORT PREPARED BY (Print) : \_\_\_\_\_

COPY OF PHOTOS SENT: ◇ YES      ◇ NO

**THIS SURVEY MUST BE COMPLETED IN ITS ENTIRETY.  
FAILURE TO DO SO WILL RESULT IN DELAY OF SETTLEMENT**