



BRITISH VIRGIN ISLANDS PORTS AUTHORITY

*2 Purcell Road
P.O. Box 4, Road Town
Tortola, VG1110
British Virgin Islands*

CLAIM FORM

CONSIGNEE DETAILS

NAME:

ADDRESS:

PHONE:

EMAIL:

SHIPMENT DETAILS

SHIPPING COMPANY:

VESSEL NAME:

BILL OF LADING:

CARGO DETAILS

TYPE OF CARGO (vehicle, boat, dry goods, perishable goods, furniture)

.....

VALUE OF GOODS

DESCRIPTION OF CARGO

.....

SIGNATURE.....DATE.....

(PLEASE INCLUDE ALL SUPPORTING DOCUMENTATION AS PROOF OF VALUE OF GOODS)