



BHAKUNI Insurance Surveyors & Loss Assessors Pvt. Ltd.

(Formerly known as H.S. Bhakuni & Co.) • CIN: U93090MH2008PTC186441

Corp. Lic. No: 72467 (FELLOWSHIP - Approved by IRDA, Ministry of Finance, Govt. of India)

285, SUCHETA NIWAS, #31 & 39, 4th FLOOR, S. BHAGAT SINGH MARG, FORT, MUMBAI - 400 001

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MARINE • FIRE • ENGINEERING • MISC. • AVIATION • CARGO SUPERINTENDENTS • RISK INSPECTION • VALUERS • CHARTERED ENGINEERS

STANDARD HULL SURVEY REPORT FORMAT

THE INSURER ADD, TEL, FAX & CONTEC. PERSON CELL NO.	
THE INSURED ADD, TEL, FAX & CONTEC. PERSON CELL NO.	
SHIPPING / STEVEDORES COMPANY PARTICULARS	
NAME OF THE CHA PARTICULARS	
<u>THE INSURANCE PARTICULARS:</u>	
TYPE OF POLICY & NO.	
SUM INSURED	
PERIOD OF INSURANCE	
NAME OF THE VESSEL/BARGE/MFV/MV	
REGISTRATION NO.	
TYPE OF VESSEL / BARGE	
BUILT AT & YEAR	
LENGTH x BREADTH x DEPTH	
GROSS & REGISTERED TONNAGE	
PORT OF REGISTRY	
REGISTERING AUTHORITY	

NAME & ADD. OF THE BARGE /VESSEL OWNER	
SHIP BUILDER (INDIAN OR FOREIGN ORIGIN)	
FINANCIERS IF ANY	
VESSEL/BARGE SPEED (1 KNOT IS EQUAL TO 1.852 KILOMETERS PER HOUR)	
CARRYING CAPACITY	
FREE BOARD	
LOADED DRAFT	
TYPE OF ENGINE & NO.	
CYLINDER	
RPM	
DATE OF INCIDENT	
DATE OF APPLICATION	
DATE OF INTIMATION	
DATE OF SURVEY	
HAS THERE BEEN ANY DELAY BY THE INSURED IN APPLYING FOR SURVEY? (IF YES, PLEASE SPECIFY REASON)	
DIESEL CAPACITY	
BUNKER CAPACITY/ ICE CAPACITY	
DESCRIPTION OF CARGO / GOODS	
DESCRIBE THE CONDITION OF DAMAGED CARGO / GOODS	

CONDITION BULK CARGO	
BILL OF LADING NO	
INVOICE NO	
IF CARGO/GOODS WERE TRANSPORTED BY SEA OR OTHER MEANS FROM PLACE OF DISCHARGE TO PLACE WHERE SURVEY HELD, GIVE NAME OF CARRIER	
DATE OF COMMENCEMENT OF THIS TRANSIT	
* CUSTOMS BONDED OR *PORT PREMISES.	
WAS A MASTER'S PROTEST LODGED OR ANY OTHER FORM OF NOTIFICATION GIVEN TO THE APPROPRIATE AUTHORITIES	
NOTICE OF PROTEST ISSUED TO MASTER OF THE VESSEL.	
HAS THE ORIGINAL INSURANCE POLICY/CERTIFICATE BEEN SIGHTED	
DATE ON WHICH INSURED/ CONSIGNEE STATES CARGO/GOODS DELIVERED INTO HIS CUSTODY	
HAS THE INSURED GIVEN NOTICE OF LOSS/DAMAGE TO OR LODGED A CLAIM AGAINST THE VESSEL OR BARGE OR BAILEES	

NAME & SIGNATURE OF ATTENDING SURVEYOR:

1]

2]

3]

4]

NAME & SIGNATURE OF SHIPPING /LINER/ STEVEDORES/ AGENT:

1]

2]

3]

4]

NAME & SIGNATURE OF CHA/AGENCY:

1]

2]

DATE:

PLACE