

MARINE CARGO INSURANCE POLICY

Claim Form

Issue of this Claim Form is not to be taken as an admission of liability. If any detail or information is not readily available please do not delay the dispatch of this form and such particulars may be sent later.

Policy No.

 Claim No.

Period of Insurance From

 To

A. DETAILS OF INSURED/CLAIMANT

- | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---------------------|--------|--|--|--|--|-----|--|--|------------------|--|------|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| 1. Name as per Policy | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. Address | Plot No/Door No. | | | | | | | | | Building Name | | | | | | | | | | | | | | | | | | |
| | Road | | | | | | | | | Area | | | | | | | | | | | | | | | | | | |
| | City | | | | | | | | | Pincode | | | | | | | | | | | | | | | | | | |
| | State | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. Contact Details | Phone No. | | | | | | | | | Mobile | | | | | | | | | | | | | | | | | | |
| | E-mail Id | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4. Brief Description of Business/
Office/Industry/Occupation | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. Limits of Indemnity under the Policy (Rs.) | Sum Insured | | | | | | | | | Per Bottom Limit | | | | | | | | | | | | | | | | | | |
| | Per Location Limit | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Declaration Details | Amount | | | | | No. | | | | | Date | D | D | M | M | Y | Y | Y | Y | | | | | | | | |

B. DETAILS OF LOSS/ACCIDENT

- | | |
|---|---|
| 1. Date of Loss | <div style="display: flex; justify-content: space-between;"> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">D</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">M</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;">Y</div> </div> <div> Time of Loss <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="margin: 0 5px;">:</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> A.M. / P.M. </div> </div> |
| 2. Loss Location
Address | <div style="display: flex; justify-content: space-between;"> <div> Plot No/Door No. <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> <div> Building Name <div style="border: 1px solid black; width: 200px; height: 25px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Road <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> <div> Area <div style="border: 1px solid black; width: 200px; height: 25px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> City <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> <div> Pincode <div style="border: 1px solid black; width: 60px; height: 25px;"></div> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> State <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> </div> |
| 3. Contact Details of person/s at Loss Location | |
| Name | <div style="border: 1px solid black; width: 400px; height: 25px;"></div> |
| Relationship with Insured | <div style="border: 1px solid black; width: 400px; height: 25px;"></div> |
| Contact Details | <div style="display: flex; justify-content: space-between;"> <div> Phone No. <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> <div> Mobile <div style="border: 1px solid black; width: 100px; height: 25px;"></div> </div> </div> <div style="margin-top: 10px;"> E-mail Id <div style="border: 1px solid black; width: 300px; height: 25px;"></div> </div> |
| 4. Describe cause of
Loss/Damage | <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px;"></div> |
| 5. Estimated Loss (Rs.) | <div style="border: 1px solid black; width: 150px; height: 25px;"></div> |

WITNESS DETAILS

1. Were there any witnesses to the loss/accident?

☐ Yes ☐ No

If 'Yes',

2. Name as Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

3. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

4. Contact Details

Phone No. Mobile
E-mail Id

INFORMATION TO AUTHORITY

1. Has the loss been reported to an Authority?

☐ Yes ☐ No

If 'No', reason for not reporting

If 'Yes', provide details

☐ Fire ☐ Police ☐ Municipality ☐ Other

2. Name of Authority

3. Information Report No./
Authority Reference No.

Date D D M M Y Y Y Y

4. Contact Person/s

S U R N A M E M I D D L E N A M E F I R S T N A M E

5. Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

6. Contact Details

Phone No. Mobile
E-mail Id

C. DETAILS OF OTHER INSURANCE

1. Is the loss / damage covered under any other Insurance?

☐ Yes ☐ No

If 'Yes', specify details and attach a copy of the policy

Name of Insurer

Address

Plot No/Door No. Building Name
Road Area
City Pincode
State

Contact Details

Phone No. Mobile
E-mail Id

Policy Number

Sum Insured

Period of Insurance

From D D M M Y Y Y Y To D D M M Y Y Y Y

D. DETAILS OF OTHER INTEREST

1. Is the Insured the Sole Owner of the property?

☐ Yes ☐ No

If 'No', specify

Nature of Interest

Person/s who has/have interest on property

Address

Plot No/Door No.

Building Name

Road

Area

City

Pincode

State

Contact Details

Phone No.

Mobile

E-mail Id

E. DETAILS OF AFFECTED ITEMS

Sl. No.	No. of Packages Consigned	No. of Packages Damaged/Lost/Not Delivered	Marks and Nos.	BL, AWB, LR, RR, GCN		Condition of damaged packing
				No.	Date	

F. VOYAGE DETAILS

1. Voyage

From

To

2. If Multi Modal Transit select

☐ Sea

☐ Air

☐ Road

☐ Rail

☐ Other (specify)

Voyage in sequence

3. Name of Vessel and Voyage/
Flight/Vehicle

Sl. No.	Whether Intermediate/Final Destination Port	Date of Arrival	Date of Clearance	Reason for delay, if any

G. DETAILS OF OTHER INFORMATION

Do you wish to provide any other information?

☐ Yes ☐ No

If 'Yes', specify

H. SUBROGATION DETAILS* (See Important Notice)

1. State whether steamer survey / joint inspection held or open delivery taken?

☐ Yes ☐ No

If 'Yes', attach reports in original

2. Has Monetary claim been lodged against carriers / custodians?

☐ Yes ☐ No

If 'Yes', attach Monetary claim letter along with acknowledgement proof

If 'No', specify reason

(Failure to protect and preserve the recovery rights as per the contracts of affreightment might seriously prejudice a complete recovery of a valid claim under the Policy)

*Important Notice

Mode of Carriage	Statutory Time Limits For	
	First Notification	Monetary Claim
Ocean Carrier	3 days from discharge	Immediately on quantification but not later than 1 year from B/L date
Air Carrier	7 days from discharge 14 days for non-delivery from AWB date	Immediately on quantification but not later than 2 years from AWB date
Railways	7 days from delivery	Immediately on quantification but not later than 3 years from RR date
Inland Road Carrier	7 days from delivery	Immediately on quantification but not later than 3 years from LR date
Port/CD/CFS Authorities	7 days from discharge	Immediately on quantification but not later than 6 months from discharge
Postal	1 month from booking 3 months for non-delivery from booking	Immediately on quantification but not later than 3 years from booking

I. CUSTOM DUTY DETAILS

- Date of customs' examination
 - Amount of Duties Paid in Rs.
 - If Bonded Cargo, Bond
 - Have damages been noticed before clearance for home consumption? ☐ Yes ☐ No
 - Has any claim been made for remission / abatement with customs'? ☐ Yes ☐ No
- If 'Yes', provide details _____

J. LIST OF SUGGESTED DOCUMENTS (Select the boxes as appropriate)*

- ☐ 1. Original Insurance Policy / Certificate of Insurance duly endorsed.
- ☐ 2. Original Invoice along with supplementary, if any
- ☐ 3. Original packing list
- ☐ 4. Original B/L / AWB / RR / LR / GCN / Any other contract of affreightment
- ☐ 5. Duty Paid copy of Bill of Entry with TR-6
- ☐ 6. Landing remark certificate / Steamer Survey report / Equipment Interchange Receipt
- ☐ 7. Joint Inspection report
- ☐ 8. Open delivery certificate in original
- ☐ 9. Damage Certificate / Short Landing Certificate / Non-delivery Certificate in original
- ☐ 10. Copies of correspondence exchanged with carriers / port authorities along with response
- ☐ 11. Survey report
- ☐ 12. Any other documents to substantiate the loss which you may want to attach

Specify _____

* We reserve the right to call for any further documentation as may be required on a case to case basis

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made, or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

Place

Date:

Signature of Insured/Claimant _____

Name of Insured/Claimant _____