

**MARINE CARGO INSURANCE 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 other particulars may be sent later

Claim Number : \_\_\_\_\_  
 Policy Number : \_\_\_\_\_  
 Certificate / Declaration No. : \_\_\_\_\_  
 Period of Insurance : \_\_\_\_\_ To \_\_\_\_\_

**A. DETAILS OF INSURED/CLAIMANT**

Name: \_\_\_\_\_  
 Address : \_\_\_\_\_  
 \_\_\_\_\_  
 City : \_\_\_\_\_ State : \_\_\_\_\_ Pin : \_\_\_\_\_  
 Contact Details :  
 Phone Number : \_\_\_\_\_ Mobile Number : \_\_\_\_\_  
 Email ID : \_\_\_\_\_

**B. DETAILS OF CONSIGNMENT:**

1	Name and address of the Consignor	
2	Name and address of the Consignee	
3	Nature of the goods & number of items	
4	Cost/Invoice value of the Consignment	
5	Nature of packing	
6	Place of Origin & Date of despatch	
7	Place of Destination & Date of arrival	
8	Mode of transport – Rail/Road/by sea/Air/Courier/ multi model transport	
9	Carrier's receipt/ Bill of Lading/Airway Bill/ others details	

D. DETAILS OF LOSS/ DAMAGES :

1	Date of delivery taken and what is the external condition of the consignment. Are there any damages to the packing and any suspicious internal damages to the goods?	
2	Remarks of the carrier on outward condition or packing at the time of despatch.	
3	When was loss/damages noticed and by whom?	
4	Has claim been made against the Carrier? (Note: The claim has to be lodged within the stipulated time frame)	
5	Nature and extent of loss/damages observed	
6	State the proximate cause of loss	
7	Estimated loss	
8	Are you interested in retaining the salvage/damaged items; if yes what is your offer.	
9	If the damages can be repaired what could be the estimated repair charges.	
10	Duties paid on the consignment and chances of recovery/adjusted towards the damaged items.	
11	Give the details of other insurance, if any covering the same loss	
12	Any other relevant information	

**DECLARATION**

I/We hereby declare that the information provided by me/us is to the best of my/our knowledge and information correct. I/We also further declare that the above information/ part of the information provided by me/us is observed false/ incorrect the policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited. I/We also agree to render the Insurer all necessary help in recovering the amount of all loss or a part of it either from carriers or from anybody whosoever caused the loss and ultimately become liable to make good the loss. I/We also agree to provide the additional information to the Company, if required.

Place:

Date:

Signature of the Insured  
Company's stamp (in case of company)

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT
<ol style="list-style-type: none"> <li>1. Policy copy and certificate of insurance/ declaration</li> <li>2. Total invoices of the consignment with packing list</li> <li>3. Bill of Lading/ Air way bill/ Lorry receipt/Rail receipt/courier note – Original</li> <li>4. Survey report, if appointed by insured</li> <li>5. Claim Bill</li> <li>6. Monetary claim lodged on the transporter/port/ vessel/ whoever responsible for loss</li> <li>7. Damage certificate issued by transporter</li> <li>8. Pre-inspection report</li> <li>9. Lab reports, if any</li> <li>10. Samples preserved</li> <li>11. Details on duties paid with proof</li> </ol>
<p><b>Note: The above documents list is not an exhaustive and the surveyor/ Insurer may call for other relevant documents based on the nature of loss.</b></p>

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### DISCHARGE VOUCHER

**CLAIM NUMBER:** \_\_\_\_\_

Received the Cheque number: \_\_\_\_\_ dated: \_\_\_\_\_ in favour of  
 \_\_\_\_\_ from M/s Magma HDI General Insurance Co. Ltd., \_\_\_\_\_ the  
 sum of Rs. \_\_\_\_\_ (rupees \_\_\_\_\_)  
 towards **FULL AND FINAL** settlement of our claim under Policy number:  
 \_\_\_\_\_ regarding the loss to our property \_\_\_\_\_  
 due to \_\_\_\_\_ dated \_\_\_\_\_. The assessment was  
 explained to us in detail and the assessment sheet is shared with us. We have gone through the  
 assessment and given the consent to make the payment. We here with discharge M/s Magma HDI  
 General Insurance Co. Ltd. towards the above claim in full and final and there are no other claim  
 pending on this policy.

**Place:** \_\_\_\_\_

**Signature of the Insured**

**Date:** \_\_\_\_\_

**Stamp & Seal (for companies)**