



**THE NEW INDIA ASSURANCE COMPANY LIMITED**

**Regd & Head Office : New India Assurance Building,  
87, Mahatma Gandhi Road, Bombay - 400 001.**

**MARINE CLAIM FORM**

The New India Assurance Co. Ltd.

Place

Date

Re: Claim under Policy No.

Declaration No.

Dear Sirs,

We have to advise you of loss or damage in transit as detailed below particulars of which are stated overleaf :

1. Name and address of the consignors :
2. Name and address of the consignees :
3. Nature of goods :
4. Number and date of the Carrier's Receipt
5. Place of despatch :
6. Place of destination
7. Date of arrival of the consignment at destination  
if by steamer, dates of landing and clearance :
8. Date of despatch to interior destination, if any :

9. Date of taking delivery at the final destination :
10. Reason for delay for taking delivery at final destination, if any :
11. Date when loss or damaged noted:
12. Total number of cases and/or packages despatched with marks if any :
13. Number taken delivery of :
14. Number not delivered by the Carriers (Steamer agents or land carriers)
15. Full details of the condition of the cases and/or Packages taken delivery of :
16. If damaged in transit, was steamer survey held or open delivery taken ? If so, attach certificates from the carriers :
17. Has claim been made against carriers:
18. If claim has not been lodged, state the reason for the same :
19. Sound market value of the goods on date of arrival
20. Duty payable on sound goods :
21. Further remarks

We also enclose herewith the following documents

- 1) Original Insurance Policy and/ or Certificate duly Endorsed
- 2) Complete invoices together with supplementaries
- 3) Copy of the Bill of Lading

- 4) Copies of correspondence exchanged with the carriers Port Trust together with their replies in original
- 5) Steamers survey report
- 6) Carriers Certificate  
(Rail, Lorry, Post and/or Air)

Address :-

Yours faithfully

Signature

(\*Strike out whichever not applicable)

#### **DETAILS OF DAMAGES**

**Particulars of goods**

**Nature of loss**

**Estimate of repairs and/or replacements**