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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.

	icy No.	D M	M Y	Y	Y Y	То [D D	M	MY	Clo Y	aim N	lo													
	A. DETAILS OF INSURED/CI	AIMAN	т																						
1.	Name as per Policy																								
	Address	Plot No	/Door N	lo. [Buil	ding	Name	e											
		Road									Area														
		City									Pinc	code													
		State															I	1	I	J					
3.	Contact Details	Phone I	No.								Mot	oile													
		E-mail I															I								
4.	Brief Description of Business,																								
	Office/Industry/Occupation									_															
5.	Limits of Indemnity under the	e Policy ((Rs.)							7	_	_													
	Sum Insured										Per	Botto	m Lir	nit											
	Per Location Limit													-	_	1			1						
	Declaration Details	Amount	t					No	o.] C	ate	D	D	Μ	Μ	Y	Y	Y	Y
	B. DETAILS OF LOSS/ACCID	ENT																							
	B. DETAILS OF LOSS/ACCID Date of Loss	ENT D D	MN	A Y	ΥY	Y Y					Tim	e of l	_OSS			:			A./	M. /	P.M.				
1.	Date of Loss Loss Location	DD			ΥY	Ý Y										:] A. <i>l</i>	M. /	P.M.				
1.	Date of Loss	Plot No,			Y Y	· Y					Buil	ding	_oss Name	e		:] A. <i>l</i>	M. /	P.M.				
1.	Date of Loss Loss Location	DD			Y Y	· Y					Buil Area	ding a		e [] A./	M. /	P.M.				
1.	Date of Loss Loss Location	Plot No,			Y Y	Y Y					Buil	ding a		e [] A. <i>I</i>	M. /	P.M.				
1.	Date of Loss Loss Location	Plot No, Road			Y Y						Buil Area	ding a		e [] A. <i>I</i>	M. /	P.M.				
1. 2.	Date of Loss Loss Location	D D Plot No, Road City State	/Door N								Buil Area	ding a] A. <i>I</i>	M. /	P.M.				
1. 2.	Date of Loss Loss Location Address	D D Plot No, Road City State	/Door N		Y Y						Buil Area	ding a		2] A. <i>I</i>	M. /	P.M.				
1. 2.	Date of Loss Loss Location Address Contact Details of person/s at	D D Plot No, Road City State	/Door N								Buil Area	ding a							A.I	M. /	P.M.				
1. 2.	Date of Loss Loss Location Address Contact Details of person/s at Name	D D Plot No, Road City State	/Door N								Buil Area	ding a code								M. /	P.M.				
1. 2.	Date of Loss Loss Location Address Contact Details of person/s at Name Relationship with Insured	Plot No, Road [City [State [Loss Loc	/Door N								Build Area Pinc	ding a code								M. /	P.M.				
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s at Name Relationship with Insured Contact Details Describe cause of	Plot No, Road [City [State [Loss Loc	/Door N								Build Area Pinc	ding a code							A.1	M. /	P.M.				
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s at Name Relationship with Insured Contact Details	Plot No, Road [City [State [Loss Loc	/Door N								Build Area Pinc	ding a code								M. /	P.M.				
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s at Name Relationship with Insured Contact Details Describe cause of	Plot No, Road [City [State [Loss Loc	/Door N								Build Area Pinc	ding a code								M. /	P.M.				
1. 2. 3.	Date of Loss Loss Location Address Contact Details of person/s at Name Relationship with Insured Contact Details Describe cause of	Plot No, Road [City [State [Loss Loc	/Door N								Build Area Pinc	ding a code								M. /	P.M.				

WITNESS DETAILS

1.	Were there any witnesses to	the loss/	/acci	ident	?														Ye	s		No)						
	If 'Yes',																												
2.	Name as Person/s	S U	R	Ν	А	Μ	Е			Μ	Ι	D	D	L	ΕI	4	A	ΛE			F	I	R	S	Т	Ν	А	Μ	Е
3.	Address	Plot No	/Do	or N	o. [Builc	ling	g Nan	ne											
		Road													Area														
		City													Pince	ode	9												
		State																											
4.	Contact Details	Phone	No.												Mob	ile													
		E-mail	Id																										
INI																													
1.	Has the loss been reported t	o an Au	thor	ity?															Ye	es		No)						
	If 'No', reason for not reporti	ng																											
	If 'Yes', provide details	Fi	re			Po	lice			N	lunio	cipal	ity		Othe	r													
2.	Name of Authority																												
3.	Information Report No./														Date		D	DN	M	Y	Y	Y	Y						
	Authority Reference No.	S U	R	Ν	^	M	E			A.4		D	D		EI	4	A۸	1 E		1	F		R	S	Т	Ν	А	A.4	E
4.	Contact Person/s	5 0	К	IN	A	171				Μ						N	AN				Г		ĸ	3			A	Μ	
5.	Address	Plot No	/Do	or N	o. [Build	ling	g Nan	ne 											
		Road													Area] I					
		City													Pince	ode	9							I					
		State																											
6.	Contact Details	Phone	No.												Mob	ile													
		E-mail	ld																										
			=																										
	C. DETAILS OF OTHER INSU				line														\neg			No							
1.							cer												Ye	5		INU							
	If 'Yes', specify details and at	tach a c	ору	of th	ie po	Т			-							_		_											
	Name of Insurer																												
	Address	Plot No	/Doo	or No	o. [j Narr												
		Road													Area														
		City													Pinco	ode	2												
		State																_	-1	1							r		
	Contact Details	Phone	l												Mob	le													
		E-mail I	ld																										
	Policy Number														Sum	Ins	sured												
	Period of Insurance	From	D	D	Μ	Μ	Y	Y	Y	Y			То	D	D	N	M	ΥY	Y	Y									

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D.	DETAIL	LS OF	OTHER	INTER	EST

1

. Is the Insured the Sole Owr	ner 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

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

	F. VOYAGE DE TAILS
1.	Voyage From D D M Y Y Y To D D M Y Y
2.	If Multi Modal Transit select Sea Air Road Rail Other (specify)
3.	Name of Vessel and Voyage/
S	il. 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?
	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?
	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 Tir	ne 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 discha						
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

1.	Date of customs' examination	M M Y	ΥY	Y		Date of customs' clear	rance	D	D	Μ	Μ	Y	Y	Υ]
2.	Amount of Duties Paid in Rs.					Rate of basic duty ar	nd CVD								
3.	If Bonded Cargo, Bond					Date of Bonding		D	D	Μ	\mathbb{M}	Y	Y	ΥY]
4.	Have damages been noticed before a		Yes		Nc)									
5.	Has any claim been made for remissi		Yes		Nc)									
	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	e 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:	D	D	Μ	Μ	Y	Y	Y	Y]				

Signature of Insured/Claimant -

Name of Insured/Claimant

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