

**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

**B. DETAILS OF LOSS/ACCIDENT**

1. Date of Loss         Time of Loss  :  A.M. / P.M.
2. Loss Location Address   
 Plot No/Door No.  Building Name   
 Road  Area   
 City  Pincode   
 State
3. Contact Details of person/s at Loss Location   
 Name   
 Relationship with Insured   
 Contact Details   
 Phone No.  Mobile   
 E-mail Id
4. Describe cause of Loss/Damage
5. Estimated Loss (Rs.)

Downloaded from www.insureatlick.com - Broker : Loyal Insurance Brokers Ltd.

**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
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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
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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
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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
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 To 

D	D	M	M	Y	Y	Y	Y
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#### 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)

