



Annexure – V

SHRIRAM GENERAL INSURANCE COMPANY LIMITED

MARINE CLAIM FORM

Claim No. _____

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 or Railway receipt:
5. Place of dispatch:
6. Place of destination
7. Date of arrival of the consignment at destination
8. Date of taking delivery at the final destination:
9. Reason for delay for taking delivery at final destination, (if any)
10. Date when loss or damage noted:
11. Total number of cases and/or packages despatched with marks if any :
12. Number of cases taken delivery of:

Shriram General Insurance Company Ltd.

Head Office– E-8, EPIP, RIICO Industrial Area, Jaipur-302022

Toll Free: 1800 180 7474, 1800 300 30000



13. Number of cases not delivered by the Carriers
14. Full details of the condition of the cases and/or Packages taken delivery of:
15. If damaged in transit, whether survey held or open delivery taken? If yes, state name and contact number of surveyor.
16. 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. Duty payable on sound goods:
20. Further remarks

We also enclose herewith the following documents

- 1) Original Insurance Policy and/ or Certificate/ Declaration duly Endorsed.
- 2) Complete invoices together with supplementaries.
- 3) Copy of the Bill of Lading/ GR/ RR/ AWB.
- 4) Copies of correspondence exchanged with the carriers/ Port Trust together with their replies in original alongwith Regd. AD postal receipt.
- 5) Survey report.
- 6) Carriers Damage Certificate in original.
(Rail, Lorry, Post and/or Air)

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**Particulars of goods
replacements**

Nature of loss

Estimate of repairs and/or

I, undersigned confirm that the above given details are true & correct to the best of my knowledge.

Place:

Date:

Signature of Insured