



Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

MARINE CLAIM FORM

THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

If any detail or information is not readily available please do not delay dispatch of this form and such particulars may be sent later.

Policy No. _____

Claim No. _____

A. INSURED

Name	_____		
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____	State	_____
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	__/__/____ To __/__/____

B. DETAILS OF LOSS

Date & Time of Loss	__/__/____	Time	__:__ AM / PM
LOSS LOCATION			
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____	State	_____
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	__/__/____ To __/__/____
Describe cause of Loss / Damage _____			
Estimated Loss (Rs.) _____			

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No
If "Yes", specify	Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone No. _____ Mobile No. _____
Email _____	Email _____

C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer _____	
Address line 1 _____	
Address line 2 _____	
City _____ State _____ Pin Code _____	
Phone No. _____ Mobile No. _____	
Policy No. _____ Email _____	
Period of Insurance From __/__/____ To __/__/____	Amount of Insurance _____

D. DETAILS OF OTHER INTEREST

Is the insured sole owner of the property? If "No", specify details Yes No

Nature of Insured interest _____

Person/s who has interest on property _____

His nature of interest _____

Address line 1 _____ Address line 2 _____

City _____ State _____ Pin Code _____

Phone No. _____ Mobile No. _____ Email _____

E. DETAILS OF THE AFFECTED ITEM

Sl. No.	No. of Packages Consigned	No. of Packages Damaged / Lost / Not Delivered	Marks & Nos.	B/L, AWB, LR, GCN, RR		Condition of damaged package
				No.	Date	

F. VOYAGE DETAILS

Voyage FROM _____ TO _____

If Multi Modal transit, select voyage in sequence Sea Air Road Rail Other (specify) _____

Name of Ship / 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

State whether steamer survey / Joint inspection held or open delivery taken? Yes No

If "Yes", attach reports in original

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)

Important Notice

	Statutory Time 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/ICD/CFS Authorities	7 days from discharge	Immediately on quantification but not later than 6 months from discharge
Postal	1 month from booking 3 months for non-delivery from booking	Immediately on quantification but not later than 3 years from booking

I. CUSTOMS' DUTY DETAILS

Date of customs' examination __/__/____ Date of customs' clearance __/__/____
Amount of Duties Paid in Rs. _____ Rate of basic duty and CVD _____
If Bonded cargo, Bond # and Date of Bonding _____
Have damages been noticed before clearance for home consumption Yes No
Has any claim been made for remission / abatement with customs'
If "Yes", provide details _____

LIST OF 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 _____

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 in any further declaration, the Company may require in respect of the said loss, shall make 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 thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

Signature:

Date:

Name of Insured: