



HAULIER'S LIABILITY- CLAIM FORM

- Please note that this Claim Form is issued without prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, within 3 days, from the date of receipt of this claim form.

Policy Number:	Claim No:
Period of Insurance: From:	To :

1.	Name of the Insured	
2.	Address for communication P.B.No. P.C.No. Location	
	Tel.No GSM No. Fax No. Email Id:	
3.	Particulars of the insured Vessel (a) Name (b) GRT (c) Registration Number (d) Place of registration (e) Classified as (f) Construction (g) Year of Built (h) Engine Number	
4.	Date & Locality of accident	
5.	Circumstances of Accident	
6.	Where may vessel be surveyed	





7.	Details of damage to Vessel/Items lost	
8.	Estimated Cost of Repairs/ Replacement	
9	Action taken to save the vessel from Imperilment	
10	Was the vessel seaworthy in all respects before commencement of the ill fated voyage	
11	Has the causality been reported to the authorities, i.e. Port officer/ Police/ Notary Public	
12	When was the vessel lost repaired	
13	What was the repair work carried out	
14.	Salvage Charges (If any salvage charges rendered, please give full details of such, including names of salvers and details of the services rendered and circumstances incurring such assistance)	
15.	Damages to third parties (a) Full details of the incident	
	(b) Do you consider yourself to be liable for damages/injuries sustained by the third party, and state reasons	
	(c) Name and address of third party	
	(d) Has a claim been made on you, If so what amount	





I/We hereby confirm that the responses and information provided in this form are true and correct. I/We also confirm having noted that any false disclosure of information OR failure to provide adequate disclosure of information shall render this claim invalid.

Place:
Date:

Signature of the Insured

