



## MARINE INSURANCE - 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.

<b>Policy Number:</b>	<b>Claim No:</b>
<b>Period of Insurance: From:</b>	<b>To :</b>

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.	Name of the Vessel/Carrier	
4.	Date of arrival	
5.	Name & address of the carrier's local agents	
6.	LR/BL/AWB No. & Date	
7.	Date of discharge of the goods from the Carrier/Vessel/Aircraft	
8.	External condition of goods on arrival at Destination/port/airport	





9.	Date when delivery from port/airport/carriers taken	
10.	Date when loss/damage observed	
11.	Place where damage/loss observed	
12.	Whether examined delivery from carriers/port/airport taken if not, reason	
13.	Whether claim on carriers lodged: if not, reasons	
14.	Date when claim lodged on carriers ( please enclose copies of correspondence exchanged with carriers)	
15.	Cause of loss/damage	
16.	Description of loss/damage	
17.	Estimate of loss	
18.	Probable value of salvage, if any	
19.	Place where goods are available for survey	
20.	Person to be contacted for survey	

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**

