

Claim Form

Marine Cargo Insurance – Sales Turnover Policy

Issuance of this Form is not to be taken as an admissibility of Liability

The Company must be notified as soon as Loss or Damage has become known, without delay. If any detail or information is not readily available, such particulars may be sent later.

Policy Number: _____

Claim Number: _____

A. INSURED'S DETAILS:

1	Name:	
2	Address:	
3	City:	Pin Code:
4	Telephone and Fax Numbers:	
5	Period of Insurance	From To
6	Contact Person:	

COVERAGE DETAILS

Declaration No & Certificate No	
Name of the Consignor, Address & Contact Details	
Name of the Consignee, Address & Contact Details	
Voyage	
Name of the Carrier/Vessel/Airlines	
Consignment No/Bill of Lading No/Airway Bill No/ RR No.	
Date	

C. LOSS DETAILS

Subject Matter Damaged	
Cause of Loss	

Date of Loss	
Place of Occurrence	
Estimated Amount of Loss	

1. Have you served Notice of Claim on Carrier/Vessel/Airlines? Yes No
2. Have you notified to Police for Accident to Carrying Vehicle/Theft/Non Delivery? Yes No
3. Has the Carrier/Vessel/Airlines issued the damage/shortage/non delivery certificate? Yes No
4. What pre-caution have you taken to minimize the loss? _____

Signature of Claimant
Date: _____
Place: _____

Additional documents to be submitted for settlement of claims:

1. Original Policy or Certificate of Insurance
2. Original or copy of the Shipping Invoice
3. Packing List
4. Original Bill of Lading/Consignment Note/Railway Receipt/Airway Bill
5. Bill of Entry
6. Damage/Shortage/Non Delivery Certificate issued by the Carrier
7. Copy of the Notice of Claim served on Carrier/Third Party
8. Correspondence exchanged with the Carrier
9. Joint Survey Report
10. Any other document/s which would be relevant to process the claim