

CLAIM FORM - MARINE CARGO OPEN POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability

Toll Free No. 1800 266 3202

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

Claim Number _____

Policy Number _____

Certificate / Declaration No. _____

Period of Insurance : From To

A. DETAILS OF INSURED/CLAIMANT

Name as per Policy:

Address:

City: State: Pin:

Phone: Mobile:

Email ID:

B. DETAILS OF CONSIGNMENT

1) Name and address of the Consignor	<input type="text"/>
2) Name and address of the Consignee	<input type="text"/>
3) Nature of the goods & number of items	<input type="text"/>
4) Cost/Invoice value of the Consignment	<input type="text"/>
5) Nature of packing	<input type="text"/>
6) Place of Origin & Date of despatch	<input type="text"/> <input type="text" value="DDMMYYYY"/>
7) Place of Destination & Date of arrival	<input type="text"/> <input type="text" value="DDMMYYYY"/>
8) Mode of transport	<input type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> Sea <input type="checkbox"/> Air <input type="checkbox"/> Courier <input type="checkbox"/> Multi-model Transport
9) Carrier's receipt	<input type="checkbox"/> Bill of Lading <input type="checkbox"/> Airway Bill <input type="checkbox"/> Others details <input type="text"/>

C. DETAILS OF LOSS / DAMAGE:

1) Date of delivery taken and what is the external condition of the consignment. Are there any damages to the packing and any suspicious internal damages to the goods?	<input type="text"/>
2) Remarks of the carrier on outward condition or packing at the time of despatch.	<input type="text"/>
3) When was loss/damages noticed and by whom?	<input type="text"/>
4) Has claim been made against the Carrier? (Note: The claim has to be lodged within the stipulated time frame)	<input type="text"/>
5) Nature and extent of loss/damages observed	<input type="text"/>
6) State the proximate cause of loss	<input type="text"/>
7) Estimated loss	<input type="text"/>

CLAIM FORM - MARINE CARGO OPEN POLICY

Issue of this Claim Form is not to be taken as an Admission of Liability

Toll Free No. 1800 266 3202

8) Are you interested in retaining the salvage/damaged items; if yes what is your offer.	
9) If the damages can be repaired what could be the estimated repair charges.	
10) Duties paid on the consignment and chances of recovery/adjusted towards the damaged items.	
11) Give the details of other insurance, if any covering the same loss	
12) Any other relevant information	

DECLARATION :

I / We the above mentioned, do hereby, to the best of my/our knowledge and belief warrant the truth of the foregoing statement in every respect and I/We have made or in any further declaration the company may require in respect of the said accident shall make any false or fraudulent statement or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past of future accident shall be forfeited. I/We also agree to provide additional information to the Company, if required.
(Seal is mandatory for companies)

Place _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of the Insured
(Company's stamp (in case of company))



DISCHARGE VOUCHER

CLAIM NUMBER: _____

Received the Cheque number: _____ dated: _____ in favour of _____ from M/s Magma HDI General Insurance Co. Ltd., _____ the sum of Rs. _____ (rupees _____) towards FULL AND FINAL settlement of our claim under Policy number: _____ regarding the loss to our property _____ due to _____ dated _____. The assessment was explained to us in detail and the assessment sheet is shared with us. We have gone through the assessment and given the consent to make the payment. We here with discharge M/s Magma HDI General Insurance Co. Ltd. towards the above claim in full and final and there are no other claim pending on this policy.

Place _____

Date

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Signature of the Insured
Stamp & Seal (for companies)