



 **Claim Form** 
General **Marine Policy** Company Ltd.

Marine Claim Form

Claim No.: _____

All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.

The issue or acceptance of this form is not to be construed as an admission of liability by MHDH.

A. The Insured Risk Code (For office use) _____

Name _____

Address _____

Tel No. : Office : _____ Mobile : _____

Email : _____

Contact name : _____

Mobile : _____ ; email : _____

B. Policy Details General Insurance Company Ltd.

Policy No.: _____ Certificate No.: _____

Sum Insured : _____ Excess : _____

C. Invoice Details

Invoice No.: _____ Date : ____/____/____

Amount : _____

Consignor : _____ Consignee : _____

Terms of Sale : CIF C&F/CFR Ex-works FOB

Others; _____

D. Goods Details

Description of Goods : _____

Total weight : _____

No. of packages : _____ Mode of packing : _____

Is this standard & customary packing for similar goods : Yes No

UIN - IRDAN149RP0023V01201213

Marine Cargo Specific Voyage Policy - Retail

E. Carriage Details

Voyage/journey : From _____ to _____

Port of Loading : _____

Port of destination : _____

Name of Carrier : _____

B/L/AWB/LR/RR No.: _____ Date ____/____/____

Was the consignment carried by an Open truck : Yes No

Was the consignment Full Container Load or Partial Container Load : _____

Goods Carried at owner risk/carrier's risk : _____

Carrier's endorsement, if any, as regards condition of goods/packing at the time of loading :

F. Loss details

Date of Loss ____/____/____ Place of Loss : _____

Description of Loss : _____

Cause of Loss : _____

In case of shortage, No. of short packages/items : _____

Are the damaged goods/items in repairable condition : Yes No

G. Delivery Details

Date of arrival of goods at destination
(Port/transporter's Godown / City / Railway siding) : ____/____/____

Date of arrival at consignee's place ____/____/____

Outward condition of packages/consignment : _____

In case of outwardly damaged consignment:

Was an open delivery obtained : Yes No

Joint Survey held : Yes No

Was the Delivery Note qualified : Yes No

Signatures of transporter's representative obtained on above Qualification : Yes No

Date of opening of packages after arrival at final destination : ____/____/____

H. Claim on Carrier

Has the monetary claim on Carrier as per provisions of the Carriage of Goods Act been lodged to protect Rights of Recovery : Yes No

I. General

Have the Police been informed of any theft or non-delivery : Yes No
If yes, kindly provide FIR No. and date : _____

Are you interested in retaining the salvage : Yes No
If so, estimated salvage value of damaged goods : _____

Steps taken to minimize the Loss : _____

Any other information that may be relevant to the claim _____



DECLARATION

I/We declare that I/We have not withheld any material information and that all statements made on this form are true to the best of my/our knowledge and belief and that the articles/property described above belong to me/us, and that no other person has any interest thereon whether as Owner, Mortgagee, Trustee or otherwise except as mentioned in the Policy. I/we understand that the claim may be refused if the information is untrue, inaccurate or concealed.

Signature of Insured : _____ Date : _____

Company's stamp