

### Marine Claim Form – “LibertySafe” Container Insurance

**The issuance of this form does not imply admission of liability**

1.	Policy Number	:	
2.	Name of the Insured	:	
3.	Address of the Insured and Contact No.	:	
4.	Description of Items affected	:	
5.	Name of the Container owner	:	
		:	
<b>Section I: Transit</b>			
1.	Voyage From & To	:	
2.	Container number & Type	:	
3.	B/L, L/R, R/R, CNN, AWB etc. No & Date	:	
4.	Name of the Carrier	:	
5.	Date & Place Container were handed over to carrier	:	
6.	Date of arrival of goods at the destination Port/ Airport (in case of transit through Sea/ Air)	:	
7.	External Condition of the Container at the time of taking delivery	:	
8.	Date of Application to any Authorities for .....	:	
9.	Reasons, if any, for delay in clearance / taking delivery at the final destination	:	
10.	Date of application for Survey	:	
11.	Date of Survey held	:	
12.	Name of the Surveyor / Loss Assessor	:	
13.	Please indicate any risk notes executed at the time of booking	:	
14.	Details of loss : Type of Loss When Noticed Items affected Cause of Loss Estimate of Loss	:	
15.	Whether claim lodged on carrier for recovery? Pl enclose copies of correspondence exchanged with the Carriers	:	
16.	Details of other insurances, if any, on affected property	:	
		:	



<b>Section II: Storage of Insured Container</b>		
1.	Time and date of loss	:
2.	Type and cause of loss	:
3.	Location address of loss and details where inspected	:
4.	Estimate of loss	:
5.	Occupation/ Activity at the premises at the time of Loss	:
6.	In case of loss by Fire, was this reported to the nearest Fire Brigade? (If no, give reasons)	:
7.	Are you the sole owner/custodian of insured item at the time of loss? If No, please state the other interests involved	:
8.	Value at the time of loss	:
9.	Value of salvage, if any	:
10.	Was the loss reported to the Police? (If yes, give the date and time, GD / FIR No.; Police Station Name and If no, please state the reasons)	:
11.	In case of loss through Act of God perils, please enclose report from meteorological/ equivalent department/ newspaper cuttings etc.	:
12.	Please state the details of other insurance held, if any, at the time of loss	:
<b>Section III: Container Demurrage Charges</b>		
1.	Last date of free detention period	:
2.	Date instructed by insurer to retain the container at Port premises	:
3.	Date instructed by insurer to retain the container	:
4.	Date instructed by insurer to return the container	:
<b>Section IV: Extra Expenses</b>		
1.	Details of incidence	:
2.	Loss/Expenses incurred	:
<b>Section V: Third Party Liability</b>		
1.	Description of fact or circumstances that give rise to claim	:
2.	Date on which you first become aware of the	:



	claim or the facts or circumstances that might give rise to a claim		
3.	Have proceedings commenced? If so, please attach a copy of the court documents.	:	
4.	Any other relevant information (including Contracts/ correspondence/ letters)	:	
5.	Is there any other insurance indemnifying this liability		
<b>Section VI: Terrorism</b>			
1.	Details of incidence along with Police GD / FIR No., Police Station Name	:	
2.	Details of property affected by the incidence	:	

I/We hereby agree, affirm and declare that:

- a. The statements/information given/stated by me/us in this claim form is true to the best of my/our knowledge and belief.
- b. The details of all persons having an interest in the property in respect of which the claim is being made are provided by way of Policy/ Certificate of Insurance/ an assignment/ endorsement in the Policy/ Certificate of Insurance. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.
- c. No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.
- d. If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be null and void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future and my/our claim shall be absolutely forfeited, and all rights recover thereunder in in respect of past or future claim events covered under the contract shall be forfeited..
- e. The receipt of this claim form/ other supporting/ related documents does not constitute or be deemed to constitute an agreement by the Company of the admissibility of claim and the Company reserves the right to process or reject or require further/ additional information and/ or documentation in respect of the claim.

Place :

Date :

Signature of the Insured

