



Liberty General Insurance Limited

Marine Claim Form – Delay in Start-Up Policy

The issuance of this form does not imply admission of liability

Section I – Loss to Cargo (Import Voyage)

Kindly ignore in case of loss/damage to cargo in an Inland Voyage and proceed to Section II

1.	Policy Number	
2.	Name of the Insured	
3.	Address of the Insured and Contact No.	
4.	Description of Items affected (Also state if Critical / Non-Critical)	
5.	Packaging (If two levels are packing are involved, please indicate both Primary and Secondary Packing)	
6.	Names of the Consignor and Consignee	
7.	Voyage From & To	
8.	Invoice No, Invoice Value & Date	
9.	B/L, R/R, CNN, AWB etc. No & Date	
10.	Name of the Carrier	
11.	Date & Place goods were handed over to carrier	
12.	Date of arrival of goods at the destination port / airport / rail or road terminus	
13.	Date(s) of Discharge and Clearance	
14.	External Condition of the goods at the time of taking delivery	
15.	Date of Application to Port Authorities for issuance of Short Landing Certificate in case of short landing	
16.	Date of Dispatch to Project laydown area	
18.	Date of arrival of goods at the Project laydown area	
19.	Has Open delivery been taken?	
20.	Date of application for Survey	
21.	Date of survey held	
22.	Name of the Surveyor / Loss Assessor	
23.	Date & Details of examination of contents at the final warehouse	
24.	In whose favour was the R.R / GCN / L.R endorsed	
25.	Has the value of the goods been paid to the vendors? If yes,	

Marine Delay in Start-up Insurance – Claim Form

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Liberty General Insurance Limited, Unit 1501 & 1502, 15th Floor, Tower 2, One International Center, Senapati Bapat Marg, Prabhadevi, Mumbai - 400013.

Phone: +91 22 6700 1313 Fax: +91 22 6700 1606, Email: care@libertyinsurance.in

Call Toll Free No : 1800 266 5844, website : www.libertyinsurance.in

IRDA of India registration number: 150 I CIN: U66000MH2010PLC209656

UIN No: IRDAN150P0002V01201415

	please indicate the date on which paid	
26.	Details of loss : Type of Loss When Noticed Items affected Cause of Loss Estimate of Loss	
27.	Whether Ship Survey Held? If Yes, please attach a copy	
28.	Whether claim lodged on carriers for recovery? Please enclose copies of correspondence exchanged with the Carriers	
29.	Details of other insurances, if any, on affected property	

Section II – Loss to Cargo (Inland Voyage)

Kindly ignore in case of loss/ damage to cargo in an Import Voyage and proceed to Section I

1.	Policy Number	
2	Name of the Insured	
3.	Address of the Insured and Contact No.	
4.	Descriptions of Items affected (Also state if Critical / Non-Critical)	
5.	Packaging (If two levels of packing are involved, please indicate both Primary and Secondary Packing)	
6.	Names of the Consignor and Consignee	
7.	Voyage From & To	
8.	Invoice No, Invoice Value & Date	
9.	L/R, R/R, AWB, CNN No & Date	
10.	Name of the Carrier	
11.	Date & Place goods were handed over to carrier	
12.	Date of arrival of goods at the Project laydown area (in case of transit by Air, please also state the date of arrival at the airport)	
13.	External Condition of the goods at the time of taking delivery	
14.	Date of Application to Port Authorities for issuance of Short Landing Certificate in case of short landing	
15.	Reasons, if any, for delay in clearance / taking delivery at the final destination	
16.	Date of application for Survey	

17.	Name of the Surveyor / Loss Assessor	
18.	Date on which survey was taken	
19.	Date & Details of examination of contents at the final warehouse	
20.	Has Open delivery been taken?	
21.	In whose favour was the R.R / GCN / L.R endorsed	
22.	Please indicate any risk notes executed at the time of booking	
23.	Has the value of the goods been paid to the vendors? If yes, please indicate the date on which paid	
24.	Details of loss : Type of Loss When Noticed Items affected Cause of Loss Estimate of Loss	
25.	Whether claim lodged on carrier for recovery? Please enclose copies of correspondence exchanged with the Carriers	
26.	Details of other insurances, if any, on affected property	

Section III – Loss of Gross Profit or Standing Charges and/or Debt Servicing and/or Increased Cost of Working

1. **Original** date(s) of completion of works including full operational testing.

2. Actual date(s) of completion of works including full operational testing

3. Scheduled Commercial Operation Date

4. Actual Commercial Operation Date

5. Reasons of Delay (In case the loss is on account of Item(s) 1.2 and/or 1.3 and/or 1.4 of Section II of the Policy)

6. Indemnity Claimed in respect of

- Loss of Gross Profit
- Fixed Costs and/or Debt Service
- Increased Cost of Working

7. Turnover achieved during 12 months counted from the midnight of the day of completion of the insured works including full operational testing. In case the completion of insured works and full operational testing are not on the same day, turnover achieved during 12 months counted from the midnight of the day of completion of full operational testing (*For ex: if date of completion of operational testing is 25th March, 2012, 12 months will be counted from 25th of March, 2012 till 24th of March, 2013*)

8. Gross Profit achieved during 12 months counted from the midnight of the day of completion of the insured works including full operational testing. In case the completion of insured works and full operational testing are not on the same day, Gross Profit achieved during 12 months counted from the midnight of the day of completion of full operational testing

9. Fixed Costs incurred during the period of delay excluding any sum saved in consequence of the occurrence giving rise to a claim under the Policy (*Please indicate separately nature of expenses wise*)

10. Debt Service Costs incurred during the period of delay excluding any sum saved in consequence of the occurrence giving rise to a claim under the policy (*Please indicate separately nature of expenses wise*)

11. Additional expenditure incurred to avoid reduction in turnover during the period of delay (*Please indicate separately nature of expenses wise*)

12. Please indicate any variations and special circumstances affecting the Scheduled Commercial Operation Date and / or Business had the delay not occurred

13. Please indicate any variations and special circumstances affecting the Business after the Scheduled Commercial Operation Date.

14. Have you received any liquidated damages payments on account of delay? If yes, please provide details.

15. Details of other Insurance(s) held, if any

16. Any other information you would like to share

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 respect of past, present 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