

Marine Claim Form Marine Cargo “Stock Throughput” Policy

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.	Packaging (If two levels of packing are involved, please indicate both Primary and Secondary Packing)	

Section I – Kindly ignore this section and Proceed to Section II in case of loss/damage at storage location(s) non-incidental to the course of transit.

1.	Names of the Consignor and Consignee	
2.	Voyage From & To	
3.	Invoice No, Invoice value & Date	
4.	B/L, L/R, R/R, CNN, AWB etc. No & Date	
5.	Name of the Carrier	
6.	Date & Place goods were handed over to carrier	
7.	Date of arrival of goods at the destination port / airport (in case of transit through sea / air)	
8.	Date(s) of Discharge and Clearance (in case of transit through sea / air)	
9.	External Condition of the goods at the time of taking delivery	
10.	Date of Application to Port Authorities for issuance of Short Landing Certificate in case of short landing (in case of transit through sea / air)	
11.	Date of Dispatch to final warehouse (in case of transit through sea / air)	
12.	Date of arrival of goods at the final warehouse (in case of transit through sea / air)	
13.	Has open delivery been taken?	
14.	Date of application for Survey	
15.	Date of survey held	
16.	Name of the Surveyor / Loss Assessor	
17.	Date & Details of examination of contents at the final warehouse	
18.	In whose favour was the R.R / GCN / L.R endorsed	
19.	Has the value of the goods been paid to the vendors? If yes, please indicate the date on which payment was made	

20.	Details of loss: a) Type of Loss b) When Noticed c) Items affected d) Cause of Loss e) Estimate of Loss	
21.	Whether Ship Survey Held? If Yes, please attach a copy (in case of transit by sea)	
22.	Whether claim lodged on carrier for recovery? Please enclose copies of correspondence exchanged with the Carriers	
23.	Details of other insurances, if any, on affected property	
<u>Sections II – Kindly ignore this section in case of loss/damage during the course of transit including incidental storages.</u>		
1.	Time and Date of Loss	
2.	Type and Cause of Loss	
3.	Estimate of Loss	
4.	Occupation of the premises at the time of Loss	
5.	In case of loss by Fire, was this reported to the nearest Fire Brigade? (If no, give reasons)	
6.	Are you the sole owner of item at the time of loss? If No, please state the other interests involved	
7.	Value at the time of loss	
8.	Value of Salvage, if any	
9.	Was the loss reported to the Police? (If yes, give the date and time and If no, please state the reasons)	
10.	In case of loss through Act of God perils, please enclose report from meteorological / equivalent department / newspaper cuttings etc.	
11.	Please state the details of other insurance held, if any, at the time of loss	
12.	Address where loss can be inspected	

In case of loss in any storage location (Non-incident to the course of transit), which may involve a claim under this insurance, immediate notice of such loss or damage should be given to and a Survey Report obtained from the nearest office of the company / company's representative as indicated in the Insurance Policy.

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