

Marine Claim Form- Import Policy / Voyage

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 are packing are involved, pl indicate both Primary and Secondary Packing)	
6.	Names of the Consignor and Consignee	
7.	Voyage From & To	
8.	Invoice No & 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	
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 final warehouse	
18.	Date of arrival of goods at the final warehouse	
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, pl indicate the date on which paid	
26.	Details of loss : a) Type of Loss b) When Noticed c) Items affected d) Cause of Loss	
27.	Whether Ship Survey Held? If Yes, pl attach a copy	



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28.	Whether claim lodged on carrier for recovery? PI enclose copies of correspondence exchanged with the Carriers	
29.	Details of other insurances, if any, on affected property	

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