

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later.

Claim Number \_\_\_\_\_

Policy Number \_\_\_\_\_

Certificate / Declaration No. \_\_\_\_\_

Period of Insurance : From  To

**A. DETAILS OF INSURED/CLAIMANT**

Name as per Policy:

Name as per Policy:

City:  State:  Pin:

Phone:  Mobile:

Email ID:

**B. DETAILS OF CONSIGNMENT**

|   |  |
|---|--|
| 1) Name and address of the Consignor      | <input type="text"/>   |
| 2) Name and address of the Consignee      | <input type="text"/>   |
| 3) Nature of the goods & number of items  | <input type="text"/>   |
| 4) Cost/Invoice value of the Consignment  | <input type="text"/>   |
| 5) Nature of packing                      | <input type="text"/>   |
| 6) Place of Origin & Date of despatch     | <input type="text"/> <input type="text" value="DDMMYYYY"/>   |
| 7) Place of Destination & Date of arrival | <input type="text"/> <input type="text" value="DDMMYYYY"/>   |
| 8) Mode of transport –                    | <input type="checkbox"/> Rail <input type="checkbox"/> Road <input type="checkbox"/> By sea <input type="checkbox"/> Air <input type="checkbox"/> Courier <input type="checkbox"/> Multi model transport |
| 9) Carrier's receipt                      | <input type="checkbox"/> Bill of Lading <input type="checkbox"/> Airway Bill <input type="checkbox"/> Others details _____   |

**C. DETAILS OF LOSS / DAMAGE:**

|    |  |                      |
|----|--|----------------------|
| 1) | Date of delivery taken and what is the external condition of the consignment. Are there any damages to the packing and any suspicious internal damages to the goods? | <input type="text"/> |
| 2) | Remarks of the carrier on outward condition or packing at the time of despatch.  | <input type="text"/> |
| 3) | When was loss/damages noticed and by whom?   | <input type="text"/> |
| 4) | Has claim been made against the Carrier?<br>(Note: The claim has to be lodged within the stipulated time frame)  | <input type="text"/> |
| 5) | Nature and extent of loss/damages observed   | <input type="text"/> |
| 6) | State the proximate cause of loss  | <input type="text"/> |
| 7) | Estimated loss   | <input type="text"/> |

|     |  |  |
|-----|--|--|
| 8)  | Are you interested in retaining the salvage/damaged items; if yes what is your offer.      |  |
| 9)  | If the damages can be repaired what could be the estimated repair charges.                 |  |
| 10) | Duties paid on the consignment and chances of recovery/adjusted towards the damaged items. |  |
| 11) | Give the details of other insurance, if any covering the same loss.                        |  |
| 12) | Any other relevant information.  |  |

**DECLARATION:**

I/We hereby declare that the information provided by me/us is to the best of my/our knowledge and information correct. I/We also further declare that the above information/ part of the information provided by me/us is observed false/incorrect the policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited. I/We also agree to render the Insurer all necessary help in recovering the amount of all loss or a part of it either from carriers or from anybody whosoever caused the loss and ultimately become liable to make good the loss. I/We also agree to provide the additional information to the Company, if required.

Place \_\_\_\_\_

Date

\_\_\_\_\_  
Signature of the Insured  
(Company's stamp (in case of company))

**LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT:**

1. Policy copy and certificate of insurance/declaration
2. Total invoices of the consignment with packing list
3. Bill of Lading/Air way bill/Lorry receipt/Rail receipt/courier note - Original
4. Survey report, if appointed by insured
5. Claim Bill
6. Monetary claim lodged on the transporter/port/vessel/whoever responsible for loss
7. Damage certificate issued by transporter
8. Pre-inspection report
9. Lob reports, if any
10. Samples preserved
11. Details on duties paid with proof

Note: The above documents list is not an exhaustive and the survey or / Insurer may call for other relevant documents based on the nature of loss.



**DISCHARGE VOUCHER**

CLAIM NUMBER: \_\_\_\_\_

Received the Cheque number: \_\_\_\_\_ dated: \_\_\_\_\_ in favour of \_\_\_\_\_ from  
M/s Magma General Insurance Limited \_\_\_\_\_ the sum of Rs. \_\_\_\_\_ (rupees \_\_\_\_\_) towards

FULL AND FINAL settlement of our claim under Policy number: \_\_\_\_\_ regarding the loss to our  
property \_\_\_\_\_ due to \_\_\_\_\_ dated \_\_\_\_\_. The assessment was explained to us in  
detail and the assessment sheet is shared with us. We have gone through the assessment and given the consent to make the payment. We here  
with discharge M/s Magma General Insurance Limited towards the above claim in full and final and there are no other claim pending on this  
policy.

Place \_\_\_\_\_

Date

\_\_\_\_\_  
Signature of the Insured  
Stamp & Seal (for companies)