

Marine Cargo Open / Annual Turnover Policy (Retail) Claim Form

Version no.CF.MOP.ver22.10.24

CLAIM FORM - MARINE CARGO INSURANCE

Issue of this Claim Form is not to be taken as an Admission of Liability

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:

Address:

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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
7) Place of Destination & Date of arrival	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
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 _____

B. DETAILS OF LOSS/ DAMAGES:

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? (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"/>

UIN: _____

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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. Lab reports, if any
10. Samples preserved
11. Details on duties paid with proof

Note: The above documents list is not an exhaustive and the surveyor/ 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 HDI General Insurance Co. Ltd., _____ 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 HDI General Insurance Co. Ltd. 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)