

## Marine Cargo Specific Voyage Policy (Commercial)

Claim Form







	DRM - MARINE CARGO INSUR Claim Form is not to be taken as an			of	Liab	ility										То	III Fr	ee	No.	18	00	266	32	02
If any detail o	or information Is not readily available p	leas	e do r	not c	delay	y the c	lispo	rtch	of thi	s for	rm a	nd c	othe	er po	ırticı	Jan	s mo	ay b	e se	nt la	ter.			
Claim Numb	per																							
Policy Numb										Certificate / Declaration No.														
Period of Insurance : From				Y To D D M M Y Y Y Y																				
A. DETAIL	S OF INSURED/CLAIMANT																							
Name:		$\overline{\Box}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{\Box}$	$\overline{}$	$\overline{\sqcap}$	$\overline{}$	$\overline{}$	$\overline{}$	$\overline{\Box}$		$\overline{\Box}$	$\overline{}$	$\overline{}$	$\overline{}$	T	┰	$\overline{\sqcap}$	$\equiv$	$\overline{}$	T	$\overline{}$
Address:			Ť	Ť	Ì		Ì			Ì	Ì				Î	Í	Í	Ĺ	Ì		Ī	Ì	Í	İ
	City:				Sta	te:				$\perp$				Ш	$\Box$	工	$\perp$		Pin:		$\Box$		$\perp$	
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	Email ID:	Ш						Ш				Ш		Ш		$\perp$		$\perp$		Ш			$\perp$	
B. DETAILS	OF CONSIGNMENT																							
1) Name o	and address of the Consignor	Т																						
		$\perp$																						
2) Name o	and address of the Consignee																							
		$\perp$																						
3) Nature	of the goods & number of items																							
4) Cost/Inv	voice value of the Consignment	+																						
5) Nature		+																						
6) Place of	+															Г	οLi	D IA	6 AA	ĪΥ	Ι¥Ι	ΥI	$\nabla$	
7) Place of	+=																	rs la	5 84	ΙV		VI	V	
8) Mode o	╁⋶	Rai	:1	$\overline{\Box}$	Road	Г	٦	y Sec	. Г	$\overline{}$	Air	F	7.0	our	ior	H	1 4	Audti	mo	dol	Tran	- I	<u></u>	
	's receipt	뉴	=		Ladi		⇌				+	_	<u></u>	ers d			_	] /~	710111	-1110	uei	IIGI	ispc	<i>)</i> 11
,,			Bill	OT	Laai	ng [		Airw	vay B	111	_	10	ine	ers a	етан	s								
B. DETAILS	OF LOSS/ DAMAGES:																							
	delivery taken and what is the	$\top$																						
	I condition of the consignment. Are ny damages to the packing and any																							
suspicio	ous internal damages to the goods?	$\perp$																						
	s of the carrier on outward condition																							
or pack	ing at the time of despatch.	$\perp$																						
<ol> <li>When whom?</li> </ol>	vas loss/damages noticed and by																							
		$\perp$																						
,	im been made against the Carrier? The claim has to be lodged within the																							
	ed time frame)																							
5) Nature	and extent of loss/damages observed	1																						
		$\perp$																						
6) State th	e proximate cause of loss																							
		$\perp$																						
7) Estimate	ad loss																							
		$\perp$																						





## MAGMA HDI

## General Insurance Company Ltd.

CLAIM FORM - MARINE CARGO INSURAI	NCE	General Insurance Company Ltd.
Issue of this Claim Form is not to be taken as an Ac		Toll Free No. 1800 266 3202
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		
DEC. MITIGAL		
DECLARATION :		
	me/us is to the best of my/our knowledge and information in the polic rovided by me/us is observed false/incorrect the polic	
there under in respect of past or future claims shall be	e forfeited. I/We also agree to render the Insurer all ne	cessary help in recovering the amount
of all loss or a part of it either from carriers or from an I/We also agree to provide the additional information	ybody whosoever caused the loss and ultimately become to the Company, if required.	ne liable to make good the loss.
Place		
Date D D M M Y Y Y Y		ature of the Insured
	(Company's s	stamp (in case of company)
LIST OF DO	DCUMENTS REQUIRED FOR CLAIM SETTLEMENT	
<ol> <li>Policy copy and certificate of insurance/ declar</li> </ol>		
Total invoices of the consignment with packing     Bill of Lading/Air way bill/Lorry receipt/Rail re		
Bill of Lading/Air way bill/Lorry receipt/Rail re     Survey report, if appointed by insured	sceipt/courier note - Original	
5. Claim Bill		
<ol><li>Monetary claim lodged on the transporter/po</li></ol>	rt/ vessel/ whoever responsible for loss	
Damage certificate issued by transporter		
Pre-inspection report     Lab reports, if any		
10. Samples preserved		
11. Details on duties paid with proof		
	and the surveyor/ Insurer may call for other relevant	
documents based on the nature of loss.		
8—		
	DISCHARGE VOUCHER	
CLAIM NUMBER:	_	
Received the Cheque number:	dated: in favou	r of from
M/s Maama HDI General Insurance Co. Ltd.	the sum of Rs	(rupees
towards FULL AND FINAL settlement of our claim un-	der Policy number:	regarding the loss to our
property due	der Policy number: to 1	The assessment was explained to us in
detail and the assessment sheet is shared with us. W	/e have gone through the assessment and given the co	onsent to make the payment. We here
	Co. Ltd. towards the above claim in full and final and th	
policy.		
Place	Sienz	ature of the Insured
Date S S S S S S S S S S S S S S S S S S S	Sign	arere or me madred

Fincorp Ltd. and HDI Global SE respectively, and are being used by Magma HDI General Insurance Company Limited, under license.

Date D D M M Y Y Y Y

Stamp & Seal (for companies)