



WITH YOU ALWAYS

MARINE CLAIM FORM
THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

| | | | |
|-------------------|------------------|---------------------|-----------|
| Policy Number : | | Certificate Number: | |
| A. INSURED | | | |
| 1. | Name | : | |
| 2. | Address | : | |
| | City | : | Pin Code: |
| 3. | Telephone Number | : | |

| | | | |
|--|---|---|-----------|
| B. DETAILS OF THE AFFECTED ITEM | | | |
| 1. | Name of the Consignor | : | |
| | Address | : | |
| | City | : | Pin Code: |
| 2. | Name & Address of the Consignee | : | |
| | Address | : | |
| | City | : | Pin Code: |
| 3. | Nature of the Goods | : | |
| 4. | Total number of Packages and/or cases dispatched with marks if any | : | |
| 5. | Bill of Lading No./Air Way Bill No./Lorry Receipt No./Railway Receipt No. & Date (if multiple modes are involved, specify the details of all) | : | |
| 6. | Place of Dispatch | : | |
| 7. | Place of Destination | : | |

Tata AIG General Insurance Company Ltd.

Corporate Office : A-501, 5th Floor, Building No. 4, Infinity Park, Gen. A. K. Vaidya Marg, Dindoshi, Malad (East), Mumbai - 400 097.

Registered Office : Peninsula Corporate Park, Nicholas Piramal Tower, 9th Floor, G.K. Marg, Lower Parel, Mumbai-400 013.

Offices also at: Bangalore, Chennai, Delhi, Hyderabad, Kolkata.

For more information, call the Tata AIG Toll-free 24-hour Helpline at 1800 11 99 66

| | | |
|-----|---|--|
| 8. | If by Steamer/Air Date of Landing at Final Port: Date of Clearance: Date of dispatch to Final Destination, if any: Reasons for delay in clearance, if any: Date of receipt at Final Destination: Reasons for delay in taking delivery at Final Destination, if any: | |
| 9. | If by Rail: Date of Receipt at Final Station: Date of delivery from Final Station: Reasons for delay in taking delivery, if any: Date of dispatch to Interior Destination: Date of receipt at Interior Destination: Reasons for delay in taking delivery at Interior Destination: | |
| 10. | Date when loss or damage noted: | |
| 11. | Number of Packages and/or cases, delivery taken of: | |
| 12. | Number of Packages and/or cases not delivered by the Carriers (Steamer agents/Airport Authorities or Land Carriers): | |
| 13. | Details of the Condition of the cases and/or packages taken delivery of: | |
| 14. | State whether Steamer Survey held or Open delivery taken? If so, attach Certificates from the Carriers | |
| 15. | Has Claim been made against the Carrier? (Note: The Claim has to be lodged within the stipulated timeframe) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 16. | If Claim has not been lodged, state reasons for the same | |
| 17. | If damages are noticed before Clearance for Home Consumption is issued, state details of Examination carried out by Customs and the claim made on them (Remission/Abatement) | |
| 18. | Sound market value of the goods at the final Port of Discharge | |
| 19. | Duty Payable on Sound Goods: | |
| 20. | Any other information that may be relevant | |
| 21. | Give details of other Insurances, if any, covering the affected property | |

MARINE CLAIM FORM

The following documents are also to be enclosed in case not forwarded earlier:

1. Original Insurance Policy and/or Certificate duly endorsed.
2. Complete Invoices together with Supplementary, if any and packing list.
- 3.

| For Consignments by Sea/Air (where damages have been noticed prior to removal to interior destination) | For Consignments by Rail/Road And For Consignments by Sea/Air (where damages have occurred during removal to interior destination) |
|---|---|
| Original Bill Of Lading | Original Lorry receipt/Rail receipt |
| Third copy of Bill of Entry | Open Delivery Certificate if it has been arranged |
| Landing Remarks Certificate | |
| Steamer survey report, if it has been arranged | |

4. Copies of correspondence exchanged with the Carriers/Port Trust Authorities together with their replies in Original.
5. Carriers' Certificate (Rail, Lorry, Post, Ship, Air) in original.

I/We hereby declare that the above questions have been conscientiously and faithfully answered and would be liable for the correctness and completeness of the statement.

Date :

Place:

Signature of the Insured