

MARINE INSURANCE - CARGO CLAIM FORM

Please note that the issue of this claim form is not to be taken as an admission of liability

Policy / Certificate No:		Claim No:	
Insured Details	Name:		
	Address:		
	Contact Person:		
	E-mail:		Fax:
	Tel (s):		Mobile no
Consigner Details	Name		
	Contact Person:		
	E-mail:		Fax:
	Tel (s):		Mobile no
Consignee Details	Names		
	Contact Person:		
	E-mail:		Fax:
	Tel (s):		Mobile no
Transport Details	Place of departure		Place of arrival
	Date of departure		Date of arrival
	Nature of Goods		
	Means of Transport		Name of Carrier/ forwarder
	Value of Goods		Packing
	Consignment Note No:		Consignment Note Date:

Transport Details	Date when goods reached destination town/railway station/port of discharge:		Date of taking delivery at the final destination:	
	Reasons for delay for taking delivery at final destination , if any :			
Loss Details	Was the damage visible on arrival? Yes /No		Date of Notice of Loss	
	Place of Notice of Loss		Description of damage.	
	Cause of Loss		Type and extent of Loss	
	Location of damaged goods			
	If damaged in transit, was steamer survey held or open delivery taken? If so attach certificates from the carrier			
	Written notifications of loss send against carrier? Yes / No If Yes, attach copy, if No, give reasons			
	Total Claim Amount (In Rs)			
Payment To	Name and address of beneficiary		Name and address of bank and account no.	
Please Note	Damaged goods must be kept for survey. Please take all necessary steps to minimize the loss and prevent further damage.			
	Please ensure that the recovery rights against the Carrier / Third party are protected			
Please Attach	- Way bill, B/L, airway bill etc. - Original Insurance policy/ certificate if any - Commercial invoice - Survey report. - Delivery receipts/ notes - Cost of repair receipts or estimate - Copy of notification of loss to carrier - Other relevant correspondence/ documents.			

Declaration		
I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and if I/We have made, or in any further declaration the company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment, the policy shall be void and all rights to recover there under in respect of past or future accident shall be forfeited.		
Place:		
Date:		Signature & company seal of the insured

Generali Central Insurance Company Limited (Formerly known as Future Generali India Insurance Company Limited) | Registered Office: Unit No. 801 & 802, 8th Floor, Tower C, Embassy 247 Park, LBS Marg, Vikhroli (West), Mumbai – 400083 | **IRDAI Regn. No.:** 132 | **CIN:** U66030MH2006PLC165287 | **Website:** <https://generalicentralinsurance.com> | **Email ID:** gcicare@generalicentral.com | **Toll-free Phone:** 1800 220 233 / 1860 500 3333/ 022 6783 7800