



MARINE - CLAIM FORM

Place _____

Re: Claim under Policy No.

Date _____

Declaration No

Dear Sirs,

We have to advise you of loss or damage in transit as detailed below particulars of which are stated overleaf:

1. Name and address of the consignors: _____
2. Name and address of the consignees: _____
3. Nature of goods: _____
4. Number and date of the Carrier's Receipt: _____
5. Place of despatch: _____
6. Place of destination: _____
7. Date of arrival of the consignment at destination

D	D	M	M	Y	Y	Y	Y
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If by steamer, dates of landing and clearance: _____
8. Date of despatch to interior destination, if any

D	D	M	M	Y	Y	Y	Y
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9. Date of taking delivery at the final destination

D	D	M	M	Y	Y	Y	Y
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10. Reason for delay for taking delivery at final destination, if any: _____
11. Date when loss or damaged noted

D	D	M	M	Y	Y	Y	Y
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12. Total number of cases and/or packages despatched with marks if any: _____
13. Number taken delivery of: _____
14. Number not delivered by the Carriers(Steamer agents or land carriers) _____
15. Full details of the condition of the cases and/or Packages taken delivery of _____

16. If damaged in transit, was steamer survey held or open delivery taken? If so, attach certificates from the carriers: _____

17. Has claim been made against carriers: _____
18. If claim has not been lodged, state the reason for the same: _____
19. Sound market value of the goods on date of arrival: _____
20. Duty payable on sound goods: _____
21. Further remarks: _____

We enclose herewith the following documents

1. Original Insurance Policy and/or Certificate duly Endorsed: _____
2. Complete invoices together with supplementaries: _____
3. Copy of the Bill of Lading: _____
4. Copies of correspondence exchanged with the carries Port Trust together with their replies in original: _____
5. Steamers survey report: _____
6. Carriers Certificate (Rail, Lorry, Post and/or Air) _____

Address: _____

I/We hereby understand, declare, consent and authorise the Company that medical details and financial information, as provided to the Company may be utilised for processing the claim made under the Policy. I/We hereby also understand, declare and consent that the Company shall have right to retain and disseminate the same to any service provider for providing services related to insurance.

Signature

(*Strike out whichever not applicable)

F. No. SPL – 4(H)

HDFC ERGO General Insurance Company Limited



MARINE - CLAIM FORM

Place _____

Date _____

DETAILS OF DAMAGE

Particulars of goods
and/or replacements

Nature of loss

Estimate of repairs

HDFC ERGO General Insurance Company Limited



Consent for Mode of Claim Payment

Name of Insured

Policy Number

Claim Number

Beneficiary Name

Mode of Payment Cheque Fund Transfer
(Please tick for mode of payment)

(All Fields are Mandatory in case of Fund Transfer)

Insured's Name as per Bank Account

Bank Account Number

Branch Name

IFSC Code Email address

Attachments Cancelled Cheque Bank Passbook Copy
In Support of Bank Details
(Please tick the type of proof submitted)

Declaration: I Mr./ Mrs/ Ms. _____
undersigned, legal beneficiary of the above claim, declare that all details mentioned in this form are true and I agree to the mode of payment against the particular claim number mentioned above.

Signature of Beneficiary
Stamp Required in case of Company

Date: