

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 |
|---|---|---|---|---|---|---|---|

  
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 |
|---|---|---|---|---|---|---|---|

 \_\_\_\_\_
9. Date of taking delivery at the final destination 

|   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|
| D | D | M | M | Y | Y | Y | Y |
|---|---|---|---|---|---|---|---|

 \_\_\_\_\_
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 |
|---|---|---|---|---|---|---|---|

 \_\_\_\_\_
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: