



NECO INSURANCE LTD.

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| MARINE INSURANCE CLAIM FORM | |
|-----------------------------|--|
| Policy No. : | |
| Claim No. : | |
| Declaration : | |
| Certificate No. : | |
| 1 | Name of the Assured & Address : |
| 2 | Name & Address of consignor : |
| 3 | Name & Address of Consignee : |
| 4 | Station of origin & destination of Consignment : |
| 5 | Carrier's Receipt No., Date & Issuing Station |
| 6 | Goods carried at Owner's Risk or Carrier's Risk : |
| 7 | Carrier's endorsement, if any respecting the condition of the packing or container of the consignment at the time of despatch : |
| 8 | Give a full description of goods consigned & their value : |
| 9 | Details of Mode of Packing : |
| 10 | When delivery of the consignment was taken, was the outward condition of it such as to rouse suspicion about internal damage or shortage? Give Details.: |
| 11 | Was open delivery of the consignment and appropriate certificate from the representative of carriers obtained ? If so, the certificate may be enclosed.: |
| 12 | (a) Date on which consignment reached destination (Custom or Carrier's Godown) |
| | (b) Date on which delivery was taken : |
| | (c) Date of receipt at Consignee's warehouse : |
| 13 | State the exact nature of damage or loss and the approximate cause of such loss : |
| 14 | Are you interested in retaining salvage? If so, what is your offer? |
| 15 | State the proximate cause of such loss or damage: |
| 16 | As per Policy conditions, did you immediately lodge a claim on the carriers? If so, copies of correspondence exchanged with the carriers may be enclosed.: |

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| 17 | In case of shortage, did you make a reference to suppliers to ascertain if a short supply was made by them through an error? | | |
| 18 | If the damaged article could be repaired or re-conditioned, please indicate the cost that would be involved.: | | |
| 19 | After arrival of goods at final destination, on what date did the consignee start opening up and inspect the goods? | | |
| 20 | (a) | After completion of inspection as stated above, on what date were the discrepancies notified to the Insurance Co.? Please state Ref. No. and Date. | |
| | (b) | If there is any delay in intimating, state the reasons. | |
| 21 | Any other information that relates to this claim. | | |
| IF GOODS ARE DESPATCHED TO CONSIGNEE'S WAREHOUSE FROM THE DESTINATION | | | |
| 22 | (a) | Give full address of the final destination of goods and state on what date the goods were despatched to that place from destination. | |
| | (b) | Distance of consignee's warehouse from the destination. | |
| | (c) | On what date did the goods reach the final destination named above. | |
| | (d) | If there is any delay in the goods reaching the final destination, state reasons for the same. | |
| 23 | What was the mode of transportation? | | |
| 24 | (a) | What was the external condition of the package when delivered at final destination? | |
| | (b) | If damaged, state the nature of damage and attributed cause for the same. | |

I/We hereby certify that the information herein given is to the best of my/our knowledge and information correct. I/We also agree to render Neco Insurance Ltd. All necessary help recovering the amount of full loss or a part of it either from carriers or from anybody whosoever ultimately becomes liable to make good the loss.

- i. Enclose Original Invoice.
- ii. Surrender the Original Policy or Declaration Certificate.

Station :

Signature

Date :

Designation :

*Note : If the space provided against each query is not sufficient, then the reply may be given on separate sheet of paper.

| DETAILS OF DISCREPANCIES | | | | | |
|--------------------------|----------|----------|---------------------------|------|--------------------------------------|
| Mark & No. | Shortage | Breakage | Repairable or Replacement | Cost | Your Offer for retaining the Salvage |
| | | | | | |