

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.:	

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.		
<b>IF GOODS ARE DESPATCHED TO CONSIGNEE'S WAREHOUSE FROM THE DESTINATION</b>			
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