

MARINE CARGO INSURANCE (COMMERCIAL) CLAIM FORM

Registered Address: Universal Sampo General Insurance Co. Ltd. 8th Floor & 9th Floor (South Side), Commerz International Business Park, Oberoi Garden City, Off Western Express Highway, Goregaon East, Mumbai 400063, Maharashtra.

(The issue of this form is not to be taken as an admission of liability)

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Policy Number:

Certificate Number:

A.	INSURED	
1.	Name:	
2.	Address:	
	City:	
	Pin Code	
3.	Telephone Number:	
	Mobile No	
	Email ID	
B.	DETAILS OF THE AFFECTED ITEM	
1.	Name of the Consignor:	
	Address:	
	City:	
	Pin Code	
2.	Name & Address of the Consignee:	
	Address:	
	City:	
	Pin Code	
3.	Nature of the Goods:	
4.	Total number of Packages and/or cases Dispatched with marks if any	

5.	Bill of Lading No. /Air Way Bill No. / Lorry Receipt No. /Railway Receipt No. & Date (if multiple modes are involved, specify the details of all)	
6.	Place of Dispatch:	
7.	Place of Destination:	
8.	If by Steamer/Air:	
	Date of Landing at Final Port	
	Date of Clearance	
	Date of dispatch to Final Destination, if any	
	Reasons for delay in clearance, if any	
	Date of receipt at Final Destination	
	Reasons for delay in taking delivery at FinalDestination, if any	
9.	If by Rail:	
	Date of Receipt at Final Station	
	Date of delivery from Final Station	
	Reasons for delay in taking delivery, if any	
	Date of dispatch to Interior Destination	
	Date of receipt at Interior Destination	
	Reasons for delay in taking delivery at InteriorDestination	
10.	Date when loss or damage noted:	
11.	Number of Packages and/or cases, deliverytaken of	
12.	Number of Packages and/or cases not deliveredby the Carriers (Steamer agents/Airport Authorities or Land Carriers)	
13.	Details of the Condition of the cases and/orpackages taken delivery of	
14.	State whether Steamer Survey held or Open delivery taken? If so, attach Certificates from theCarriers	

15.	Has Claim been made against the Carrier? (Note: The Claim has to be lodged within the stipulated timeframe)	Yes / No
16.	If Claim has not been lodged, state reasons for the same	
17.	If damages are noticed before Clearance for Home Consumption is issued, state details of Examination Carried out by Customs and the claim made on them (Remission/Abatement)	
18.	Sound market value of the goods at the final Port of Discharge	
19.	Duty Payable on Sound Goods:	
20.	Any other information that may be relevant:	
21.	Give details of other Insurances, if any, covering the affected property	

The following documents are also to be enclosed in case not forwarded earlier:

1. Original Insurance Policy and/or Certificate duly endorsed.
2. Complete Invoices together with Supplementary, if any and packing list.

3.	For Consignments by Sea/Air (where damages have been noticed prior to removal to interior destination)	For Consignments by Rail/Road And For Consignments by Sea / Air (where damages have occurred during removal to interior destination)
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- i. Original Bill Of Lading Original Lorry receipt/Rail receipt
 - ii. Third copy of Bill of Entry Open Delivery Certificate if it has been arranged
 - iii. Landing Remarks Certificate
 - iv. Steamer survey report, if it has been arranged
4. Copies of correspondence exchanged with the Carriers/Port Trust Authorities together with their replies in Original.
 5. Carriers' Certificate (Rail, Lorry, Post, Ship, Air) in original.

Declaration

1. I/We agree to provide additional information to the Company if required. I/We are the above insured, and I/We guarantee the truthfulness of the above statement in every respect, to the best of my/our knowledge and belief, and if I/We have made any false or fraudulent statement, or have suppressed or concealed any material facts, the policy will be cancelled and all rights in respect of past or future claims will be reserved.
2. I/We understand that the Company reserves the right to verify & obtain my identity, address, facts and documents relating to the policy and claim with rating agencies, third parties or service providers.
3. I/We have read and understood the privacy policy of the Company at www.universalsompo.com and I/We unconditionally agree and bind myself/ourselves to all the terms and conditions of your privacy policy as amended from time to time.
4. I/We have received a list of documents with this claim form and have understood all the requirements to be fulfilled for scrutiny and processing of this claim and the Company shall not be responsible for any delay in scrutiny and processing/settlement of claim due to claimant's non-fulfilment of requirements including non-submission of the required documents/information as mentioned above.
5. I/We declare that the details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Except as disclosed in this claim form, no claim for the same or similar loss has been made or lodged with any other insurance company.
6. I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof/bank details as well as the identity/address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Date:

Place:

Signature of the Insured