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**UNIVERSAL SOMPO GENERAL INSURANCE COMPANY LIMITED**  
Regd. & Corporate Office: 8th & 9th Floor (South Side), Commerz International Business Park,  
Oberoi Garden City Off Western Express Highway, Goregaon East, Mumbai 400063.

**MARINE CARGO OPEN TRANSIT (INLAND & IMPORT/EXPORT) POLICY  
CLAIM FORM**

Claim No. \_\_\_\_\_

*All questions must be answered fully. If there is insufficient space, kindly use a separate sheet which can be attached to this form. If any sections are not fully completed or left blank, the form will be returned for completion.*

*The issue or acceptance of this form is not to be construed as an admission of liability by USGI.*

**A. The Insured** Risk Code (For office use) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Tel No. Office \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

Contact name \_\_\_\_\_ Mobile \_\_\_\_\_ Email \_\_\_\_\_

**B. Policy Details**

Policy No. \_\_\_\_\_ Certificate No. \_\_\_\_\_ Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_

**C. Invoice Details**

Invoice No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Amount \_\_\_\_\_

Consignor \_\_\_\_\_ Consignee \_\_\_\_\_

Terms of Sale CIF ☐ C&F/CFR ☐ Ex-works ☐ FOB ☐ Others \_\_\_\_\_

**D. Goods Details**

Description of Goods \_\_\_\_\_ Total weight \_\_\_\_\_

No. of packages \_\_\_\_\_ Mode of packing \_\_\_\_\_

Is this standard & customary packing for similar goods? Yes ☐ No ☐

**E. Carriage Details**

Voyage/journey From \_\_\_\_\_ to \_\_\_\_\_

Port of Loading \_\_\_\_\_

Port of destination \_\_\_\_\_

Name of Carrier \_\_\_\_\_

B/L/AWB/LR/RR No. \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Was the consignment carried by an Open truck? Yes ☐ No ☐

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Was the consignment Full Container Load or Partial Container Load \_\_\_\_\_

Goods Carried at owner risk/carrier's risk \_\_\_\_\_

Carrier's endorsement, if any, as regards condition of goods/packing at the time of loading \_\_\_\_\_

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**F. Loss details**

Date of Loss \_\_\_\_/\_\_\_\_/\_\_\_\_ Place of Loss \_\_\_\_\_

Description of Loss \_\_\_\_\_

Cause of Loss \_\_\_\_\_

In case of shortage, No. of short packages/items \_\_\_\_\_

Are the damaged goods/items in repairable condition? Yes ☐ No ☐

**G. Delivery Details**

Date of arrival of goods at destination (Port/transporter's godown/city/Railway siding) \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of arrival at consignee's place \_\_\_\_/\_\_\_\_/\_\_\_\_

Outward condition of packages/consignment \_\_\_\_\_

In case of outwardly damaged consignment:

Was an open delivery obtained Yes ☐ No ☐

Joint Survey held Yes ☐ No ☐

Was the Delivery Note qualified Yes ☐ No ☐

Signatures of transporter's representative obtained on above Qualification Yes ☐ No ☐

Date of opening of packages after arrival at final destination \_\_\_\_/\_\_\_\_/\_\_\_\_

**H. Claim on Carrier**

Has the monetary claim on Carrier as per provisions of the Carriage of Goods Act been lodged to protect Rights of Recovery? Yes ☐ No ☐

**I. General**

Have the Police been informed of any theft or non-delivery? Yes ☐ No ☐  
If yes, kindly provide FIR No. and date \_\_\_\_\_

Are you interested in retaining the salvage? Yes ☐ No ☐  
If so, estimated salvage value of damaged goods \_\_\_\_\_

Steps taken to minimize the loss \_\_\_\_\_

Any other information that may be relevant to the claim \_\_\_\_\_

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**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](http://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.

Signature of Insured : \_\_\_\_\_

Date : \_\_\_\_\_

Company's stamp