

MARINE HULL INSURANCE POLICY CLAIM FORM

A. NOTES:

1. Please answer all questions mentioned in the form. If not applicable, please mention "N/A"
2. The issue of the claim form is not an admission of liability by Universal Sampo General Insurance Company Limited.
3. If there is insufficient space or further comment on any area is considered necessary, please use additional pages.
4. Please attach relevant documents and/ or supply any relevant information to support your claim.
5. Please DO NOT dispose of any damaged property till an inspection on same has been made under intimation to us.

B. POLICY DETAILS:

1. Policy Number: _____

2.1 Period of Insurance (if time policy):

a) From: DD/MM/YYYY

b) To : DD/MM/YYYY

2.2 Period of Insurance (if voyage policy):

a) From: (Name of port)

b) To : (Name of port)

3. Issuing Office: _____

4. Terms and Conditions: _____

5. Limits of Indemnity under the Policy:

a) Sum Insured (H&M): _____

b) Sum Insured (Freight): _____

c) Sum Insured (Disbursement): _____

C. INSURED'S/CLAIMANT'S DETAILS:

1. Name of Insured/Claimant: _____

2. Address: _____

City: _____ State: _____ Pincode: _____

3. Private Phone Number: _____ Business Phone Number: _____

Mobile Number: _____ Fax Number: _____

Email: _____

4. Brief description of Business/Office/Industry/Operation: _____

D. DETAILS OF PERSON IN CHARGE AT TIME OF ACCIDENT:

1. Name: _____

2. Address: _____

3. Private Phone Number: _____ Business Phone Number: _____

Mobile Number: _____ Email: _____

4. Relationship to the Insured (if applicable) _____ Age: _____

5. License Number: _____ How long has license been held?: _____

a) Has license ever been endorsed or suspended, or the person in-charge been convicted of any maritime offence?

Yes ☐ No ☐

b) If yes, please give full details:

E. DETAILS OF LOSS/ ACCIDENT:

1. Date of Loss: DD/MM/YYYY Time of Loss: : AM/PM

2. Loss Location: _____

3. Weather conditions: _____

4. For what purpose was vessel being used at time of accident? **Please (✓) where applicable**

Hire ☐ Business ☐ Pleasure Racing ☐ Road transit ☐ Passenger carrying ☐

5. Was licensed for above? (please mention Y or N) _____

6. Was the vessel seaworthy in all respects before commencement of the ill-fated voyage or immediately before the casualty? _____

7 a) When was the vessel last repaired? _____

b) What was the repair work carried out? _____

4. Explain fully how accident occurred (sketch may be attached)

5. Details description of loss (please describe the loss in detail, what part of the vessel was damaged and how extensive was the damage- please attach photographs of affected parts or part prior to any repairs)

6. Estimated speed of vessel at the time of loss: _____

7. Estimated loss (in Rs): _____

8. Have quotation for repair been obtained? If yes, please attach the quotation: _____

9. Preventive measures taken to avoid/reduce loss or damage: _____

10. Where can the vessel be inspected?: _____

F.DAMAGE TO / BY THIRD PARTIES (PERSONS AND PROPERTY)

1. In your opinion was the accident your person in-charge's fault? Yes ☐ No ☐

If so, a) Why? _____

b) Have any claims been made on you? _____

Or if not,

a) Who was to blame? _____

b) Did such person admit any liability? _____

G. PARTICULARS RELATING TO THIRD PARTY CLAIMS (PERSONS AND PROPERTY)

1. If any other vessel involved state:

- a) Name of vessel: _____ Reg. No: _____
 b) Owner(s) name and address: _____
 c) Person in-charge's name and address: _____
 d) Nature of damage to other vessel: _____
 Estimated repair cost: _____

2. If damage to property other than above state:

- a) Owner(s) name, address, telephone no: _____
 b) Description of property damage: _____
 Estimated repair cost: _____

3. If injuries to person(s) state:

- a) Whether passenger in vessel, swimmer, skier, etc.: _____
 b) Name, address, telephone no: _____
 Age: _____
 Nature of injuries: _____
 c) Name of hospital and/or doctor: _____
 d) Remarks as to condition: _____

H. WITNESSES DETAILS

1. Passengers in insured's vessel:

Name: _____
 Address: _____
 Phone no: _____ Fax no: _____
 Email: _____

2. Were passengers fare paying?

Yes ☐ No ☐

3. Independent witnesses:

Name: _____
 Address: _____
 Phone no: _____ Fax no: _____
 Email: _____

I. INFORMATION TO AUTHORITY:

1. Has the loss been reported to an Authority?

Yes ☐ No ☐

- a. If yes, name the Authority to the same was reported? _____
 b. If no, please provide reasons for such non-reporting: _____

2. Information Report Number/ Authority's Reference Number: _____

3. Date of Reporting: _____

4. Officer's name: _____
 Number: _____
 Stationed at: _____

5. Any any action taken or to be taken?

Yes ☐ No ☐

If "Yes", against whom?: _____
 What action?: _____

J. DETAILS OF OTHER INSURANCES

1. Is the loss / damage covered under any other Insurance?

Yes ☐ No ☐

If "Yes", specify details and attach a copy of the policy of the same: _____

2. Name of Insurer: _____

3. Address: _____

4. Contact Details: _____

5. Policy Number: _____
6. Sum Insured: _____
7. a) Period of Insurance (time policy) From: _____ To: _____
 b) If Voyage policy (specify ports) From: _____ To: _____

K. DETAILS OF OTHER INTERESTS:

1. a) Is the Insured sole owner of the property? Yes ☐ No ☐
 b) If No, please specify: _____
2. Person(s) who has/ have interest on property: _____
3. Name the assignee, if any: _____

L. Please enclose below documents wherever feasible:

- 1) Original Insurance Policy / Certificate of Insurance duly endorsed
2. Details/Bills of incidental expenses incurred
3. Damage Certificate / Short Landing Certificate / Non-delivery Certificate in original
4. Copies of correspondence exchanged with carriers / port authorities along with response
5. Survey report
6. Any other documents to substantiate the loss which you may want to attach

Please note: We reserve the right to call for any further documentation as may be required on a case to case basis

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.

Place:

Date:

Signature of the Insured