



# Universal Sampo General Insurance Co. Ltd.

(A joint venture between Allahabad Bank, Sampo Japan Insurance Inc., Indian Overseas Bank, Karnataka Bank and Dabur Investments.)

Regd. Office: 201-208, Crystal Plaza, Opp. Infiniti Mall, Link Road, Andheri (West), Mumbai - 400 058.

## MARINE CLAIM FORM

**THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY**

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

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

### A. INSURED

Name	_____		
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____	State	_____
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	__/__/____ To __/__/____

### B. DETAILS OF LOSS

Date & Time of Loss	__/__/____	Time	__:__ AM / PM
<b>LOSS LOCATION</b>			
Address line 1	_____	City	_____ Pin Code _____
Address line 2	_____	State	_____
Phone No.	_____	Mobile No.	_____ Email _____
Business/Occupation	_____	Period of Insurance From	__/__/____ To __/__/____
Describe cause of Loss / Damage _____			
Estimated Loss (Rs.) _____			

WITNESS DETAILS	INFORMATION TO AUTHORITY
Is any witness available for accident / loss? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", specify	Have any authority been informed about <input type="checkbox"/> Yes <input type="checkbox"/> No Accident / Loss? If "Yes", specify
Name of the witness _____	Name of the Authority _____
Address line 1 _____	Contact Person _____
Address line 2 _____	Authority reference no. _____
City _____	Address line 1 _____
State _____	Address line 2 _____
Pin Code _____	City _____ State _____
Phone No. _____	Pin Code _____
Mobile No. _____	Phone No. _____ Mobile No. _____
Email _____	Email _____

### C. DETAILS OF OTHER INSURANCE

Is the Loss/damage covered under any other Insurance? If "Yes", specify details and attach copy of policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name of the Insurer _____	
Address line 1 _____	
Address line 2 _____	
City _____	State _____ Pin Code _____
Phone No. _____	Mobile No. _____
Policy No. _____	Email _____
Period of Insurance From	__/__/____ To __/__/____ Amount of Insurance _____

**D. DETAILS OF OTHER INTEREST**

Is the insured sole owner of the property? If "No", specify details  Yes  No

Nature of Insured interest \_\_\_\_\_

Person/s who has interest on property \_\_\_\_\_

His nature of interest \_\_\_\_\_

Address line 1 \_\_\_\_\_ Address line 2 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Pin Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Mobile No. \_\_\_\_\_ Email \_\_\_\_\_

**E. DETAILS OF THE AFFECTED ITEM**

Sl. No.	No. of Packages Consigned	No. of Packages Damaged / Lost / Not Delivered	Marks & Nos.	B/L, AWB, LR, GCN, RR		Condition of damaged package
				No.	Date	

**F. VOYAGE DETAILS**

Voyage FROM \_\_\_\_\_ TO \_\_\_\_\_

If Multi Modal transit, select voyage in sequence  Sea  Air  Road  Rail  Other (specify) \_\_\_\_\_

Name of Ship / Flight # / Vehicle # \_\_\_\_\_

Sl. No.	Whether Intermediate / Final destination Port	Date of Arrival	Date of clearance	Reason for delay. If any

**G. DETAILS OF OTHER INFORMATION**

Do you wish to provide any other information?  Yes  No

If "Yes", specify \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. SUBROGATION DETAILS** \*See Important Notice

State whether steamer survey / Joint inspection held or open delivery taken?  Yes  No

If "Yes", attach reports in original

Has Monetary claim been lodged against carriers / custodians?  Yes  No

If "Yes", attach Monetary claim letter along with acknowledgement proof

If "No", specify reason \_\_\_\_\_

(Failure to protect and preserve the recovery rights as per the contracts of affreightment might seriously prejudice a complete recovery of a valid claim under the Policy)

**Important Notice**

	Statutory Time Limits for	
	First Notification	Monetary Claim
Ocean Carrier	3 days from discharge	Immediately on quantification but not later than 1 year from B/L date
Air Carrier	7 days from discharge 14 days for non-delivery from AWB date	Immediately on quantification but not later than 2 years from AWB date
Railways	7 days from delivery	Immediately on quantification but not later than 3 years from RR date
Inland Road Carrier	7 days from delivery	Immediately on quantification but not later than 3 years from LR date
Port/ICD/CFS Authorities	7 days from discharge	Immediately on quantification but not later than 6 months from discharge
Postal	1 month from booking 3 months for non-delivery from booking	Immediately on quantification but not later than 3 years from booking

**I. CUSTOMS' DUTY DETAILS**

Date of customs' examination	__/__/__	Date of customs' clearance	__/__/__
Amount of Duties Paid in Rs.	_____	Rate of basic duty and CVD	_____
If Bonded cargo, Bond # and Date of Bonding _____			
Have damages been noticed before clearance for home consumption			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any claim been made for remission / abatement with customs'			
If "Yes", provide details _____			

**LIST OF DOCUMENTS.** (Select the boxes as appropriate) :

<input type="checkbox"/>	1. Original Insurance Policy / Certificate of Insurance duly endorsed.
<input type="checkbox"/>	2. Original Invoice along with supplementary, if any
<input type="checkbox"/>	3. Original packing list
<input type="checkbox"/>	4. Original B/L / AWB / RR / LR / GCN / Any other contract of affreightment
<input type="checkbox"/>	5. Duty Paid copy of Bill of Entry with TR-6
<input type="checkbox"/>	6. Landing remark certificate / Steamer Survey report / Equipment Interchange Receipt
<input type="checkbox"/>	7. Joint Inspection report
<input type="checkbox"/>	8. Open delivery certificate in original
<input type="checkbox"/>	9. Damage Certificate / Short Landing Certificate / Non-delivery Certificate in original
<input type="checkbox"/>	10. Copies of correspondence exchanged with carriers / port authorities along with response
<input type="checkbox"/>	11. Survey report
<input type="checkbox"/>	12. Any other documents to substantiate the loss which you may want to attach specify _____

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/we agree that if I/We have made, or in any further declaration, the Company may require in respect of the said loss, shall make any false or fraudulent statement, or any suppression or concealment, my/our claim shall be absolutely forfeited, and the Policy shall be null and void, and all rights to recover thereunder in respect of past or future loss/accidents shall be forfeited.

Place:

**Signature:**

Date:

**Name of Insured:**