

EDELWEISS MARINE INSURANCE-CARGO - CLAIM FORM

Need to claim? We're here to make it easy!

Toll Free 1800 12000

Instructions:

1. All fields in the form are mandatory. 2. The form shall be filled in by the Insured. 3. If any detail or information is not readily available, please do not delay the dispatch of this form. Such information can be sent later. 4. Issuance of this form does not imply acceptance of liability. 5. If there is any other information to be provided, please write the same in a separate sheet, sign the sheet and attach it to this Claim Form. 6. Please fill in the details of the form in BLOCK LETTERS.

SECTION A – SOME DETAILS ABOUT YOUR POLICY

a) Policy No.:
b) Claim No.:
c) Certificate / Declaration No.
d) Period of Insurance to

SECTION B – INSURED / CLAIMANT DETAILS

Name: _____
Address: _____
City: _____ State: _____ Pin Code:
Contact No. 1:
Contact No. 2:
Email ID: _____

SECTION C – CONSIGNMENT DETAILS

1. Name and address of the Consignor: _____

2. Name and address of the Consignee: _____

3. Consignment (Nature and Number): _____

4. Value of the Consignment (Invoice value): _____

5. Mode of Packing: _____

6. Date & Place (origin) of Despatch:
7. Date & Place (Destination) of Arrival:
8. Mode of Transport: _____
Rail/Road/by sea/by air/Courier/Multi model transport
9. Details of Carrier's Receipt / Bill of Lading / Airway Bill / other Transport receipts: _____

SECTION D- LOSS/DAMAGE DETAILS

1. Date of Delivery Taken and external condition of the consignment. Are there any damages to the packing and any suspicious internal damages to the goods? Yes No _____

2. Carrier's remarks on external condition or packing at the time of despatch: _____

3. When was the last/damages noticed, and by whom?
4. Has any claim been made against the carrier? (Important note – The claim has to be lodged within the stipulated time frame.)
Yes No
5. Nature and extend of loss/damages observed: _____
6. Proximate cause of loss: _____

7. Estimated loss: _____

8. If the damages can be repaired, what could be the estimated repair charges? _____

9. Chances of recovery/ adjustments for the duties paid on the consignment towards damaged items. _____

10. Are you interested in retaining the salvage / damaged items? Yes No if yes, please mention your offer: _____

11. Details of other insurance, if any covering the same loss: _____

12. Any other relevant/ important information: _____

SECTION E – BANK DETAILS FOR NEFT PAYMENT (PLEASE ATTACH CANCELLED CHEQUE)

Bank Name: _____ Bank Branch: _____

IFSC:

Account No.:

SECTION F – DECLARATION

(PLEASE READ VERY CAREFULLY)

I/We hereby declare that the information provided by me/us is to the best of my/our knowledge and information correct. I / We also further declare that if the above information/ part of the information provided by me/us is observed false/ incorrect, the policy shall be void and all rights to recover thereunder in respect of past or future claims shall be forfeited. I/We also agree to render the Insurer all necessary help in recovering the amount of all loss, or a part of it, either from carriers or from anybody whosoever caused the loss and ultimately become liable to make good the loss. I/We also agree to provide the additional information to the Company, if required.

Date:

Place: _____

Signature of the Insured

Name and Designation
(Stamp, where Insured is a juristic person)

SECTION G – LIST OF DOCUMENTS REQUIRED FOR SETTLEMENT OF CLAIM

1. Policy copy and certificate of insurance/ declaration
2. Total invoices of the consignment with packing list
3. Bill of Lading/ Air way bill/ Lorry receipt/Rail receipt/courier note – Original
4. Survey report, if appointed by Insured
5. Claim Bill
6. Monetary claim lodged on the transporter/port/ vessel/ whoever responsible for the loss
7. Damage certificate issued by transporter
8. Pre-inspection report
9. Lab reports, if any
10. Samples preserved
11. Details on duties paid with proof

Note: This list is not exhaustive and the surveyor/ Insurer may call for other relevant documents based on the nature of loss.

DISCHARGE VOUCHER

Claim No.:

Received the Cheque/NEFT/RTGS/IMPS No.: dated: in favour of _____ from M/s Edelweiss General Insurance Co. Ltd., _____ the sum of ₹ _____ (in words _____)

towards FULL AND FINAL settlement of the claim under Policy No.:

pertaining to the loss to the property/ Insured Interest in _____ due to _____ dated

The assessment was explained in detail and the assessment sheet has been shared. The assessment has been gone through and consent to make the payment has been provided. M/s Edelweiss General Insurance Co. Ltd. is hereby discharged from the above claim in full and final and there are no other claim(s) pending against the above mentioned policy

Date:

Place: _____

Signature of Insured

Name and Designation
(Stamp, where Insured is a juristic person)