


IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

Carrier's Legal Liability Claim Form

NOTE: The issue of this Form is not to be taken as an admission of liability

Policy Number: _____ Claim Number: _____

Name : _____

Address : _____

Phone Number : _____ Fax Number : _____

Name and address of Consignor _____

Name and address of Consignee _____

Name of driver _____

Vehicle details _____

Date of loss _____ Time: _____ am/ pm

Address of premises/description of place where loss or damage occurred _____

 When were you advised of the loss? a) Date by phone _____ b) Date in writing _____
 * Attach written notice of claim (Initial Notice of Claim)

Where can the damaged goods be inspected? _____

_____ Phone Number : _____

Nature of the goods being carried _____

Full description of the cause of loss _____

What damage did the goods sustain? _____

Estimated value of loss/damage or amount being claimed _____ • Attach invoice or document giving proof of value

Number of packages/units damaged/lost _____

What/how was the preparation/packaging of the goods when received for transport? _____

How were the goods secured to the vehicle/trailer? _____

What action has been taken to recover the goods or minimise loss? _____

Was any salvage obtained? Yes No If Yes, please give details/attach receipts

Did the driver sign a clean receipt when collecting the goods? Yes No If No, please give details

Did the Consignee sign a clean receipt upon delivery? Yes No • *Attach copy of delivery receipt*
If No, please give details _____

If involved in a Motor Vehicle accident, state the name and Policy Number of Insurer of the vehicle

Was FIR filed with Police? Yes No If yes, please give details

The following documents where applicable must be attached

- | | |
|--|---|
| <input type="checkbox"/> Written notice of claim (Initial Notice of Claim) | <input type="checkbox"/> Copy of delivery receipt signed by Consignee |
| <input type="checkbox"/> Copy of invoice or document giving proof of value | <input type="checkbox"/> Statement of claim made by claimant to you |
| <input type="checkbox"/> Copy of credit note/salvage value | <input type="checkbox"/> Contract of Carriage |

Declaration _____

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. I/We agree that if I/We have made, or in any further declaration the Company may require in respect of the said accident, 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.

Insured's Signature _____

Date _____