



IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED
REGISTERED OFFICE: IFFCO Sadan, C - 1, District Centre, Saket, New Delhi 110017

Claim No.: _____

Date of Issue: _____

Marine Insurance Claim Form

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 7 days, from the date of it's issuance.

| | |
|--------------------------------------------|-----------------------------|
| Policy / Cover No. | |
| Certificate No. / Date | |
| Interested Party (Name & complete Address) | |
| When the Loss was detected | |
| Damage Certificate from Carriers Obtained | |
| Monetary Claim on Carriers Lodged | |
| Voyage / Journey Covered (From:, To:) | |
| Description of Goods in transit | |
| Mode of Transportation | |
| Type of Packing | |
| Type of Damage | |
| Extent of Damage | |
| Invoice No. / Date | |
| Bill of Lading / Airway Bill No. / Date | |
| Bill of Entry No. / Date | |
| Consignment Note No. / Date | |
| Material Receipt Report No. / Date | |
| Basis of Valuation | |
| Amount Claimed | |
| Details of Other Existing Insurances | |
| Name & Address of Company | Policy No. Sum Insured |
| | |
| | |
| | |

I, undersigned confirm that above given details are true & correct to the best of my knowledge

Name:

Signature:

Date: