

MARINE INSURANCE CLAIM FORM

Claim No. :

Policy No. :

Declaration :

Certificate No. :

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| <p>(1) Please enclose Original Invoice
(2) Surrender the Original Policy or Declaration Certificate</p> |
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1.	Name of the Assured and Address.	
2.	Name and Address of the Consignor.	
3.	Name and Address of the Consignee.	
4.	Station of origin and destination of consignment.	
5.	Carrier's Receipt No. and date and station from which issued.	
6.	Goods Carried at Owner's risk or carrier's risk.	
7.	Carrier's endorsement, if any respecting the condition of the packing or container of the consignment at the time of dispatch.	
8.	Give a full description of goods consigned and their value.	
9.	Details of made of packing.	
10.	When delivery of the consignment was taken was the outward condition of it such as to rouse suspicion about internal damage or shortage? Please give details.	
11.	Was open delivery of the consignment obtained and appropriate certificate from the representative of carriers obtained? If obtained the certificate may be enclosed.	
12.	(a) Date on which consignment reached destination (Railway Station or carrier's Godown). (b) Date on which delivery taken. (c) Date of receipt at consignee's warehouse.	
13.	State the exact nature of damage or loss and the approximate cause of such loss.	
14.	Are you interested in retaining salvage? If so, what is our offer?	
15.	Please state the proximate cause of such loss or damage.	

16.	As per policy conditions did you immediately lodge a claim on the carriers? If so, copies of correspondence exchanged with the carriers may be enclosed.	
17.	In case of shortage did you make a reference to suppliers to ascertain, if they made a short supply through an error?	
18.	If the damaged article could be repaired or re-conditioned, please indicate the cost that would be involved.	
19.	After arrival of goods at final destination on what date did the consignee start opening up and inspection of the goods?	
20.	(a) After completion of inspection as stated above, on what date were the discrepancies, notified to the insurance Co.? Please state Ref. No. and date.	
	(b) If there is any delay in intimating Please state reasons.	

I / We hereby certify that the information herein given is to the best of my / our knowledge and information correct. I / We also agree to render SAGARMATHA INSURANCE CO. LTD. all necessary help recovering the amount of full loss or a part of it either from carriers or from anybody whosever ultimately became liable to make good the loss.

(Station)

Signature

(Date)

Designation

Note: If the space provided against each query is not sufficient, then the reply may be given on separate sheet of paper.

DETAILS OF DISCREPANCIES

Mark & No.	Shortage	Breakage	Repairable or replacement	Cost	Your offer for retaining the Salvage