



Bajaj Allianz General Insurance Compnay Limited

MARINE INSURANCE INLAND TRANSIT CLAIM FORM

Claim No.: _____

Policy No. : _____

- a. Please enclose Original Invoice
b. Surrender the Original Policy or declaration certificate
- Declaration:
Certificate:

1). Name and address of the Assured _____

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 of container
of the consignment at the time of despatch. _____

8). Give a full description of goods consigned
and their value _____

9). Details of mode 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 of receipt at Consignee's warehouse _____
- (c) Date of receipt at Consignee's warehouse _____
13. State the exact nature of damage or loss and the approximate value of such loss _____
14. Are you interested in retaining salvage? If so, what is your offer? _____
15. Please state the proximate cause of such loss or damage _____
16. As per policy condition did you immediately lodge a claim on the carriers? If so, copies of correspondence exchanged with carriers may be enclosed. _____
17. In case of shortage did you make a reference to suppliers to ascertain if a short supply was made by them 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. _____
21. Any other information that relates to the claim _____

IF GOODS DESPATCHED TO CONSIGNEE WAREHOUSE FROM THE DESTINATION RAILWAY STATION: -

22. (a) Give the full address of the final destination of goods and state on what date the goods were despatched to that place from destination railway station. _____
- (b) Distance of consignee's warehouse from the destination railway station _____

(c) On what date did the goods reach the final destination named above

(d) If there is any delay in the goods reaching the final destination, state reasons for the same.

23). What is the mode of transportation?

24). (a) What was the external condition of the packages when delivered at final destination?

(b) If damaged state the nature of damage and attributed cause for the same.

I/ We hereby certify that information herein given is to the best of my/our knowledge and information correct. I/ we also agree to render The Bajaj Allianz Insurance Co. Ltd. all necessary help in recovering the amount of all loss or a part of it either from carriers or from anybody whosoever ultimately become liable to make good the loss.

Place: _____

(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