CLAIM FORM FOR MARINE INLAND TRANSIT INSURANCE

(Notification of Loss/ Damage)

(The issue of this form is not to be taken as an Admission of Liability)

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
	(I) Name	
	(ii) Address for Correspondence	
	(iii) Contact No.	
	(iv) Policy No.	
2.	Mode of conveyance Rail/Road	
3.	Name & address of the transport carrier	
4.	LR/ RR/ AWB Number and Date	
5.	(i) Date of arrival of goods at destination	
	(ii) Date when delivery from carriers applied for	
	(iii) Date when delivery of goods taken	
	(iv) Reasons for delay in taking delivery, if any	
6.	External conditions of the goods on arrival	
7.	Date and place when loss/damage was noticed	
8.	(i) Whether remarks of carrier obtained	
	(ii) Whether open delivery obtained from carrier:	
	(iii) Date when the claim lodged on the carrier:(Enclose copies of correspondence with the Acknowledgement due Card)	
	(iv) Whether Non Delivery/Damage Certificate obtained from carrier (Enclose the copy of certificate)	
9.	Description and cause of loss	

10.	(i) Estimate of loss.	
	(ii) Probable salvage value, if any	
	(iii) CIF / Invoice value of goods	
11.	Any other information relevant to processing of claim.	
12.	Details of Other insurance covering same risk	

Are you or any of the proposed applicants/beneficial owner a PEP* or Family member/Close relatives/Associates of PEP*?

☐ Yes ☐ No

If yes, please give details (Nature of relationship and position held by PEP): _____

"Politically Exposed Persons" (PEPs) are individuals who have been entrusted with prominent public functions by a foreign country, including the heads of States / Government, senior politicians, senior government / judicial / military officers, senior executives of state-owned corporations and important political party officials;".

Claim Clause/ Settlement of Claim:

1) Claim Intimation: Connect with us via: Toll-free No.: 1800 2666, Email ID: customersupport@icicilombard.com, on our website: https://coclaims.icicilombard.com/claimstracker/CommercialClaims/ccplandingpage.aspx Register the claim and submit claim related documents along with claim form. You will receive a claim reference number as your reference point for future correspondence.
2) File an FIR: In case of third-party property damage/bodily injury, fire etc. if applicable as per policy terms and conditions.
3) Surveyor Appointment: Your Claims Manager (CSM) will contact you and appoint a licensed surveyor basis claim eligibility within 24 hours of reporting the claim
4) Documents: submit documents to the assigned CSM/Surveyor.

   List of documents which are necessary and relevant to the claim are as below:

   1. Claim bill / Claim Form duly filled up
   2. Photographs / Video of damaged property/item under claim
   3. Invoice copy & packing list
   4. Lorry Receipt/ Bill of Lading/ Bill of Entry/ Air way bill/ Goods receipt Note – as applicable
   5. Monetary Claim or transporter
   6. Damage Certificate
   7. Document/s in support of admissibility of the claim, for instance, Service Engineer's Report, Fire Brigade Report, etc.
   8. For items which are to be repaired or reinstated, repair/ replacement quotation, invoice and payment proofs for each and every item as claimed.
   9. For items which are under claim & not to be repaired or reinstated, documents substantiating the quantum & value of the items under claim
   10. Offer for retention of salvage, if any
   11. KYC / NEFT Details as per AML guidelines
   12. Any other document which may be specified by the surveyor post completion of initial survey

5) Assessment Approval: Repair/Replacement details submitted in support of the claim will be assessed and approved by CSM/surveyor

6) Salvage: The amount that is assessed which the damaged asset will fetch in the open market (wherever applicable).

7) Turnaround Time (TAT): Assessment sheet /Survey report will be furnished within 15 days of receipt of claim form and documents. Claim will be decided within 7 days of receipt of the assessment sheet / survey report, as applicable.

Disclaimer

I/We hereby agree, affirm and declare that:

a) The statements/information given/stated by me/us in this claim form are true, correct and complete.

b) The details of all persons having an interest in the property in respect of which the claim is being made are provided as per the proposal form or by way of an endorsement in the policy. Furthermore, save and except as provided or disclosed in this claim form, no claim made hereunder (or the same/similar claim) has been made or lodged with any other insurance company.

c) No material information which is relevant to the processing of the claim or which in any manner has a bearing on the claim has been withheld or not disclosed.

d) If I/we have given/made any false or fraudulent statement/information, or suppressed or concealed or in any manner failed to disclose material information, the policy shall be void and that I/We shall not be entitled to all/any rights to recover thereunder in respect of any or all claims, past, present or future.

e) The receipt of this claim form/other supporting/related documents does not constitute or be deemed to constitute an agreement by the Company of the claim and the Company reserves the right to process or reject or require further/additional information in respect of the claim.

f) I/We hereby give my/our consent to the Company to verify and obtain my/our identity/address proof as well as the identity /address proof of the Insured / Beneficial Owner through Central KYC Registry or UIDAI or through any other modes for the purpose of undertaking KYC.

Place : _____

Date : D D / M M / Y Y Y Y

Signature of the Insured