

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)

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FLEASE ANSWER ALL QUESTIONS FULLY
DETAILS OF INSURED Name
Address
City: State: Pin code:
Contact Number Policy No.
Mode of conveyance Rail / Road
Name & address of the transport carrier Name
Address
City: Pin code:
LR/ RR/ AWB Number and Date
Date DD / MM / YYYY
Delivery Status
Date of arrival of goods at destination DD / MM / YYYY DD DD DD DD DD DD
Date when delivery from carriers applied for DDD / MM / YYYY
Date when delivery of goods taken
Reasons for delay in taking delivery, if any
Estampel anditions of the goods on grained
External conditions of the goods on arrival

ICICI Lombard General Insurance Company Limited

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IRDA Reg. No. 115 Mailing Address:

601 / 602, 6th Floor, Interface Building No. 16, New Link Road, Malad (West),

Mumbai - 400 064.

UIN: IRDAN115RP0011V01200102

CIN: L67200MH20000PLC129409 Registered Office Address: ICICI Lombard House, 414, Veer Savarkar Marg, Near Siddhivinayak Temple, Prabhadevi,

Mumbai 400 025.

CLAIM FORM FOR MARINE INLAND TRANSIT INSURANCE

Toll free no : 1800 2666

Alternate no: 8655222666 (Chargeable) E-mail : customersupport@icicilombard.com

Website : www.iciclombard.com



Carrier Update
Date and place when loss/damage was noticed DD / MM / YYYY Y
Whether remarks of carrier obtained
Whether open delivery obtained from carrier:
Date when the claim lodged on the carrier: (Enclose copies of correspondence with the Acknowledgement due Card)
DD / MM / YYYY JJJJJJJJJJJJJJJJJJJJJJJJJJJ
Whether Non Delivery/Damage Certificate obtained from carrier (Enclose the copy of certificate)
Cause Loss
Description and cause of loss
Estimate & CIF Invoice
Estimate of loss
Probable salvage value, if any
CIF / Invoice value of goods
CIF7 IIIVoice value of goods
Other Information
Any other information relevant to processing of claim.
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.
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 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

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