



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

DETAILS OF INSURED

Name

Address

Landmark:

City: State: Pin code:

Contact Number Policy No.

Mode of conveyance Rail / Road

Name & address of the transport carrier

Name

Address

City: State: Pin code:

LR/ RR/ AWB Number and Date

Date / /

Delivery Status

Date of arrival of goods at destination / /

Date when delivery from carriers applied for / /

Date when delivery of goods taken / /

Reasons for delay in taking delivery, if any

External conditions of the goods on arrival

