

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 on container of the Consignment at the time of dispatch : _____
- 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 closed. : _____
- 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 u immediately lodge a claim on the carriers? If so, copies of correspondence exchanged with carriers may be enclosed. : _____
- 17). In case of shortage did u make a reference : _____
- 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 DISPATCHED TO CONSIGNEE WAREHOUSE FROM THE DESTINATION RAILWAY STATION:-

- 22). (a) Give the full address of the final destination of goods and state : _____
(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 Doha Bank Assurance Company LLC all necessary help in recovering the amount of all loss or a part of it either from anybody whosoever ultimately become liable to make good the loss.

Place:

Date:

(Signature)

(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