

## Bajaj Allianz General Insurance Company Limited

(Regd. Office: GE Plaza, Airport Road, Yerawada, PUNE)

Issuing Office: Pune Regional Office

## MARINE INSURANCE INLAND TRANSIT CLAIM FORM

Claim No.:						
Policy No. :						
<ul><li>a. Please enclose Original Invoice</li><li>b. Surrender the Original Policy or declaration certificate</li></ul>	Declaration: Certificate:					
). 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						

	(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	
	State the exact nature of damage or loss and the approximate value of such loss	
	Are you interested in retaining salvage? If so, what is your offer?	
	Please state the proximate cause of such loss or damage	
(	As per policy condition did you immediately lodge a claim on the carriers? If so, copies of correspondence exchanged with carriers may be enclosed.	
	In case of shortage did you make a reference to suppliers to ascertain if a short supply was made by them through an error?	
	If the damaged article could be repaired or re-conditioned, please indicate the cost that would be involved.	
	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	
	OODS DESPATCHED TO CONSIGNEE WATINATION RAILWAY STATION: -	AREHOUSE FROM THE
22).	(a) Give the full address of the final desti-	
	nation 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	

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(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.	
	en is to the best of my/our knowledge and information correct. I/ we Ltd. all necessary help in recovering the amount of all loss or a part 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
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