



## ICICI LOMBARD GENERAL INSURANCE COMPANY LIMITED

### CLAIM FORM FOR EXPORT/IMPORT INSURANCE POLICY Notification of Loss/ Damage

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

Office Address:	Cover Note / Policy No :
	Period of Insurance :
	Date of Accident :
	Claim Number :

PLEASE ANSWER ALL QUESTIONS FULLY

1.	DETAILS OF INSURED	
(i)	Name	(i)
(ii)	Address for correspondence	(ii)
(iii)	Contact Number	(iii)
(iv)	E mail Address	(iv)
2.	Mode of conveyance Rail/Road/Air/Sea	
3.	Name & address of the transport carrier	
4.	BL/LR/ RR/ AWB Number and Date	
5.		
(i)	Date of arrival of goods at destination	(i)
(ii)	Date when delivery from carriers applied for	(ii)
(iii)	Date when Delivery taken from port/airport?	(iii)
(iv)	Reasons for delay in taking delivery, if any	(iv)
		(v)

6.	External conditions of the goods on arrival:	
7. (i) (ii) (iv)	Date and place when loss/damage was noticed Was a request lodged with the shipping company/carrier to carry out a survey? If so, please mention date of survey? Please mention the date and place of contacting claim settling agent.	
8. (i) (ii) (iii)	Whether remarks of shipping company/carrier obtained Whether open delivery obtained from shipping company/carrier Date when claim lodged on the shipping company/carrier (Enclose copies of correspondence with the Acknowledgement due Card )	(i) (ii) (iii)
9.	Description and cause of loss / damage	
10. (i) (ii) (iii)	Estimate of loss. Probable salvage value, if any CIF value of goods	(i) (ii) (iii)
11.	non delivery/partial delivery/shortage /loss issued by the carrier. If yes, attach the documents.	
12.	Any other relevant information.(Please attach separate list showing the list of goods lost, destroyed or stolen/their invoice value or value declared for insurance/and estimated repair cost of damaged items)	

149

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.

**Place:**

**Date :**

**Signature of the Insured**