L&T Insurance

Marine Cargo Insurance

Claim Form

Toll - free Number **1800-209-5846 (1800-209-LTIN)** | Website **www.ltinsurance.com** | SMS **'LTI' to 5607058 (56070LT)**

GUIDELINES TO FILL THE FORM

1. Please fill the form in BLOCK LETTERS. Please answer all questions fully and correctly.
2. Please leave one box blank between two words while writing the ADDRESS.
3. Kindly leave the Company's Office or Intermediary for any doubts or clarifications on the claim form.

PLEASE USE ONLY ORIGINAL CLAIM FORM. PHOTO COPIES WILL NOT BE ACCEPTED BY THE COMPANY.

FOR OFFICE USE ONLY

Intermediary Name:

Intermediary Code:

(THE ISSUE OF THIS FORM IS NOT TO BE TAKEN AS AN ADMISSION OF LIABILITY)

As soon as Loss or Damage has become known, the Company must be notified without delay. If any detail or information is not readily available, please do not delay dispatch of this form and such particulars may be sent later.

Claim No: Policy No/Cover Note No:

Period of Insurance: D D M M Y Y Y Y To D D M M Y Y Y Y

Certificate No:

Customer ID:

POLICY HOLDER INFORMATION (Please enter details of the Insured)

Title* (Pls. Tick): ☐ Ms. ☐ Mrs. ☐ Mr.

Name*: F I R S T M I D D L E L A S T

Correspondence Address:

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Mobile No.*: Landline*: S T D

Fax No.:

Email ID 1:

Email ID 2:

BANK DETAILS (Required for Electronic Fund Transfer)

Name of the Account Holder:

(as appearing in the Bank Account)

Bank Name:

Branch:

Location:

Account No:

Account Type:

MICR Code:

IFSC Code:

DETAILS OF THE AFFECTED ITEM:

Details of the Consignor:

Title* (Pls. Tick): ☐ Ms. ☐ Mrs. ☐ Mr. ☐ M/s

Name*: FIRST MIDDLE LAST

Correspondence Address

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Mobile No.*: Landline*: STD

Email ID:

DETAILS OF THE CONSIGNEE:

Title* (Pls. Tick): ☐ Ms. ☐ Mrs. ☐ Mr.

Name*: FIRST MIDDLE LAST

Correspondence Address

Block/Flat No.*: Floor No.: Building Name*:

Street Name*: Locality:

Landmark*:

City/Village*: Pincode*:

Post Office:

Mobile No.*: Landline*: STD

Fax No.:

Email ID:

Nature of the Goods: .....

Total number of Packages and/or cases Dispatched with marks if any: .....

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Bill of Lading No. /Air Way Bill No./Lorry Receipt No. /Railway Receipt No. & Date (if multiple modes are involved, specify the details of all): .....

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Cause of Loss: .....

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Place of Dispatch: .....

Place of Destination: .....

IF BY STEAMER/AIR:

Date of Landing at Final Port: DDMMYYYY Date of Clearance: DDMMYYYY

Date of dispatch to Final Destination, if any: DDMMYYYY

Reasons for delay in clearance, if any: .....

Date of receipt at Final Destination: DDMMYYYY

Reasons for delay in taking delivery at Final Destination, if any: .....

State whether Steamer Survey held or Open delivery taken? ☐ Yes ☐ No (If so, attach certificates from the Carriers)

If Claim has not been lodged, state reasons for the same: .....

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If damages are noticed before Clearance for Home Consumption is issued, state details of Examination Carried out by Customs and the claim made on them (Remission/Abatement): .....

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Sound market value of the goods at the final Port of Destination: ₹ _____

Duty Payable on Sound Goods: ₹ _____

IF BY RAIL:

Date of Receipt at Final Station: D D M M Y Y Y Y Date of delivery from Final Station: D D M M Y Y Y Y

Reasons for delay in taking delivery, if any: .....

Date of dispatch to Interior Destination: D D M M Y Y Y Y Date of receipt at Interior Destination: D D M M Y Y Y Y

Reasons for delay in taking delivery at Interior Destination: .....

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Date when loss or damage noted: D D M M Y Y Y Y

Number of Packages and/or cases, delivery taken of: _____

Number of Packages and/or cases not delivered by the Carriers (Steamers agents/Airport Authorities or Land Carriers): .....

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Details of the Condition of the cases and/or packages taken delivery of: .....

Has Claim been made against the Carrier? ☐ Yes ☐ No

(Note: The Claim has to be lodged within the stipulated time frame)

Is any joint survey conducted by Carrier/Transporter? ☐ Yes ☐ No

Any other information that may be relevant: .....

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Give details of other Insurances, if any, covering the affected property: .....

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The following documents are also to be enclosed in case not forwarded earlier:

1. Original Policy Certificate.
2. Invoices together with supplementary, if any and packing list.
3. Original copy of LR/Consignment note having discrepancy noted on it and counter signed by Carrier. For Consignments by Sea/Air, Bill of Lading or Air Way Bill in original (as the case may be).
4. Copies of correspondence exchanged with the Carriers/Port Trust Authorities lodging monetary claim on them along with their replies and/or Acknowledgements in Original.
5. Copy of Bill of Entry/Shipping Bill (as the case may be), Landing Remarks Certificate, Steamer Survey Report (if arranged).
6. Certificate of facts issued by Carrier in original.
7. Any other document specific to the circumstances of the reported loss.

DECLARATION

I/We, the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statements in every respect; and I/We agree that if I/We have made , or make in any further declaration, the Company may require in respect of the said accident, any false or fraudulent statement, or any suppression or concealment or any material information, my/our claim shall be absolutely forfeited, and the policy shall be null and void, and all rights to recover there under in respect of past or future loss/accident shall be forfeited.

I/We authorize L&T General Insurance Company Limited to share my/our contact information like name, company name, address, phone number and e-mail id etc. relating to me/us, with their affiliate/group companies and also for communicating any promotional marketing offers and other transactional/features/products/ services of L&T General Insurance Company Limited and its affiliate group companies via ☐ SMS ☐ Telephone

Place: .....

Date: .....

Signature of Insured