



UNITED INDIA INSURANCE CO. LTD.

(Registered Office: 24, Whites Road, MADRAS-600 014)

DIVISIONAL/BRANCH OFFICE.....

MARINE CLAIM FORM Sum Insured

Policy No.

Name of claimant

Address

Description of goods and details of packing

B/L, R/R, G.C.N. etc. No. and date

Name of Vessel and/or Conveyance

From

To

Date of arrival of vessel/goods at destination

Date on which application was given to
Port Authorities for issue of shortlanding
certificate (Steamer shipments)

External condition of the goods at the time
of taking delivery

Date of application for Survey/Open
delivery by Carriers

Date survey held/open delivery obtained

Who made the survey/assessment

Date on which delivery was taken

Date of arrival of goods at final warehouse

Date of examination of contents in final
warehouse

Name of consignor in the R.R./G.C.N.

Name of consignee in the R.R./G.C.N.
endorsed?

In whose favour was the R.R./G.C.N.
endorsed?

What risk notes, if any, were executed at
the time of booking?

Has the value of the goods been paid to
the Vendors? If so, when?

Details of loss/damage