



**IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**  
**REGISTERED OFFICE: 34, NEHRU PLACE, NEW DELHI – 110019**

Claim No.: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

**Marine Insurance Claim Form**

- Please note that this Claim Form is issued with out prejudice to the terms and conditions of the policy and issuance of this form should not be construed as admission of Liability.
- Please fill in all the blanks and give complete details of information asked for. In case space provided is found insufficient, a separate sheet may kindly be annexed.
- Please return this form, duly filled & signed, with in 7 days, from the date of it's issuance.

Policy / Cover No.		
Certificate No. / Date		
Interested Party (Name & complete Address)		
When the Loss was detected		
Damage Certificate from Carriers Obtained		
Monetary Claim on Carriers Lodged		
Voyage / Journey Covered (From:, To:)		
Description of Goods in transit		
Mode of Transportation		
Type of Packing		
Type of Damage		
Extent of Damage		
Invoice No. / Date		
Bill of Lading / Airway Bill No. / Date		
Bill of Entry No. / Date		
Consignment Note No. / Date		
Material Receipt Report No. / Date		
Basis of Valuation		
Amount Claimed		
Details of Other Existing Insurances		
Name & Address of Company	Policy No.	Sum Insured

**I, undersigned confirm that above given details are true & correct to the best of my knowledge**

**Name:**

**Signature:**

**Date:**