



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

REGISTERED OFFICE: 34, NEHRU PLACE, NEW DELHI - 110019

MULTI MODAL TRANSPORT OPERATOR LIABILITY CLAIM FORM

Certificate/Policy No.....

Period of Insurance.....

Claim No.....

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

Please Answer all Relevant Questions Fully.

INSURED	Name
	Address for Correspondence
	Phone No.
	Profession / Occupation
Date of Loss:	
Mode of conveyance/ name of the vessel:	
Bill of Lading/ Airway Bill, Railway Receipt/ Lorry receipt Number	
Brief explanation of the incident:	

1. GOODS

- (a) Nature of goods carried
- (b) Weight of goods carried
- (c) Place of despatch
- (d) Place of destination
- (e) Total number of cases and/or packages despatched
- (f) Full details of condition of case and / or packages taken delivery of
- (g) Value of the goods
- (h) Name of the Consigner/Consignee
- (i) Name of the carrier

2. PARTICULARS OF ACCIDENT.

- (a) Date and time
- (b) Place
- (c) Nature and cause of accident
- (d) When was the accident reported to you
- (e) If any third party was responsible for the accident, give name and address.

3.
 - (a) No of packages damaged / destroyed
 - (b) Quantum of loss
 - (c) Whether any claim has been made upon you by third party in respect of damage to goods carried.
 - (d) If so, state by whom and give full particulars (If claim has been made in writing attach a copy of notification received

4.
 - (a) Give the names and addresses of all witness to the accident.
 - (b) Has the accident been reported to any authority? If so, state to whom and. attach a copy of the report.
 - (c) If not reported, rest thereof
 - (d) What action, if any, has been taken by the authority ?

5. Give particulars, of any other insurance If any, in respect of the same risk

6. Give particulars of any further details

I/We the above named, do hereby, to the best of my/our knowledge and belief, warrant the truth of the forgoing statement in every respect and I/We agree that if I/we have made, or in any further declaration the Company may require in respect of the said accident, shall make any false or fraudulent statement, or any suppression or concealment the Policy shall be void and all rights to recover there under shall be forfeited.

Date:

Signature of the Insured