



IFFCO-TOKIO GENERAL INSURANCE CO. LTD.

Regd. Office: 34, Nehru Place, New Delhi - 110 019

MARINE HULL CLAIM FORM

Claim No.

Policy No.

Period of Insurance From To

The issuance of this form is not to be taken as an admission of liability
Please answer all questions fully.

Insured Name

Address for correspondence

Telephone No.

Date of loss

Vessel name:

Type of Vessel, Year of Built, Port of Registry & Class:

Brief Description of loss:

Cause of loss:

When did incident occur? Date / / Time

Place of incident

Estimate of loss (with complete breakup)

Any other information which you would like to provide

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