



**IFFCO-TOKIO GENERAL INSURANCE COMPANY LIMITED**  
**REGISTERED OFFICE: IFFCO Sadan, C - 1, District Centre, Saket, New Delhi 110017**

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: