

If any detail or information is not readily available please do not delay the dispatch of this form and other particulars may be sent later.

Claim Number _____

Policy Number _____

Certificate / Declaration No. _____

Period of Insurance : From **DDMMYYYY** To **DDMMYYYY**

A. DETAILS OF INSURED/CLAIMANT

Name as per Policy: _____

Name as per Policy: _____

City: _____ State: _____ Pin: _____

Phone: _____ Mobile: _____

Email ID: _____

B. DETAILS OF CONSIGNMENT

1) Name and address of the Consignor						
2) Name and address of the Consignee						
3) Nature of the goods & number of items						
4) Cost/Invoice value of the Consignment						
5) Nature of packing						
6) Place of Origin & Date of despatch	DDMMYYYY					
7) Place of Destination & Date of arrival	DDMMYYYY					
8) Mode of transport –	<input type="checkbox"/> Rail	<input type="checkbox"/> Road	<input type="checkbox"/> By sea	<input type="checkbox"/> Air	<input type="checkbox"/> Courier	<input type="checkbox"/> Multi model transport
9) Carrier's receipt	<input type="checkbox"/> Bill of Lodging	<input type="checkbox"/> Airway Bill	<input type="checkbox"/> Others details _____			

C. DETAILS OF LOSS / DAMAGE:

1) Date of delivery taken and what is the external condition of the consignment. Are there any damages to the packing and any suspicious internal damages to the goods?			
2) Remarks of the carrier on outward condition or packing at the time of despatch.			
3) When was loss/damages noticed and by whom?			
4) Has claim been made against the Carrier? (Note: The claim has to be lodged within the stipulated time frame)			
5) Nature and extent of loss/damages observed			
6) State the proximate cause of loss			
7) Estimated loss			

8)	Are you interested in retaining the salvage/damaged items; if yes what is your offer.	
9)	If the damages can be repaired what could be the estimated repair charges.	
10)	Duties paid on the consignment and chances of recovery/adjusted towards the damaged items.	
11)	Give the details of other insurance, if any covering the same loss.	
12)	Any other relevant information.	

DECLARATION:

I/We hereby declare that the information provided by me/us is to the best of my/our knowledge and information correct. I/We also further declare that the above information/ part of the information provided by me/us is observed false/incorrect the policy shall be void and all rights to recover there under in respect of past or future claims shall be forfeited. I/We also agree to render the Insurer all necessary help in recovering the amount of all loss or a part of it either from carriers or from anybody whosoever caused the loss and ultimately become liable to make good the loss. I/We also agree to provide the additional information to the Company, if required.

Place _____

 Date

 Signature of the Insured
 (Company's stamp (in case of company))

LIST OF DOCUMENTS REQUIRED FOR CLAIM SETTLEMENT:

1. Policy copy and certificate of insurance/declaration
2. Total invoices of the consignment with packing list
3. Bill of Lading/Air way bill/Lorry receipt/Rail receipt/courier note - Original
4. Survey report, if appointed by insured
5. Claim Bill
6. Monetary claim lodged on the transporter/port/vessel/whoever responsible for loss
7. Damage certificate issued by transporter
8. Pre-inspection report
9. Lab reports, if any
10. Samples preserved
11. Details on duties paid with proof

Note: The above documents list is not an exhaustive and the survey or / Insurer may call for other relevant documents based on the nature of loss.


DISCHARGE VOUCHER

CLAIM NUMBER: _____

Received the Cheque number: _____ dated: _____ in favour of _____ from _____
 M/s Magma General Insurance Limited _____ the sum of Rs. _____ (rupees _____) towards

FULL AND FINAL settlement of our claim under Policy number: _____ regarding the loss to our property _____ due to _____ dated _____. The assessment was explained to us in detail and the assessment sheet is shared with us. We have gone through the assessment and given the consent to make the payment. We here with discharge M/s Magma General Insurance Limited towards the above claim in full and final and there are no other claim pending on this policy.

Place _____

 Date

 Signature of the Insured
 Stamp & Seal (for companies)