

TEA CROP INSURANCE CLAIM FORM

Issuance of this form is not an admission of Liability or a waiver of the terms, conditions and exceptions of the insurance contract

Policy / Certificate No: _____ Claim No: _____

CARGO CLAIM FORM

Insured	Name:	
	Address:	
	Contact Person:	
	E-mail:	Fax:
	Tel (s):	Mobile no
Consignor / Consignee	Name	
	Contact Person:	
	E-mail:	Fax:
	Tel (s):	Mobile no
Transport Details	Place and date of departure	Place and date of arrival
	Nature of Goods	
	Means of Transport	Name of Carrier/ forwarder
	Value of Goods	Packing
	Number and Date of Carriers Receipts :	
	Date when goods reached destination town/railway station/port of discharge:	
	Date of taking delivery at the final destination:	
	Reasons for delay for taking delivery at final destination , if any :	
	Total number of cases and/or Packages despatched with marks, if any :	
	Number taken delivery of :	

Important	Description of damage. Cause, type and extent. (Please attach separate sheet for further details, if n	
	When was the damage discovered?	Was the damage visible on arrival? Yes /No
	Location of damaged goods	
	if damaged in transit , was steamer survey held or open delivery taken ? If so attach certificates from the carrier	
	Written notification of loss against carrier? Yes / No :	
	If Yes, attach copy	If No, (Give reasons)
Calculation		
	Total Claim Amount (currency)	
Payment To	Name and address of beneficiary	
	Name and address of bank and account no.	
Please Note	Damaged goods must be kept for survey. Please take all necessary steps to minimise the loss and prevent further damage.	
	Please ensure that the recovery rights against the Carrier / Third party are protected	
Please Attach	1. Way bill, B/L, airway bill etc. 2. Original Insurance policy/ certificate if any 3. Commercial invoice 4. Survey report. 5. Delivery receipts/ notes 6. Cost of repair receipts or estimate 7. Copy of notification of loss to carrier 8. Other relevant correspondence/ documents.	
Declaration		
I/We agree to provide additional information to the company, if required. I/We the above mentioned, do hereby, to the best of my/our knowledge and belief, warrant the truth of the foregoing statement in every respect, and 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 in respect of past or future accident shall be forfeited.		
Place:		
Date:	Signature & company seal of the insured	