



**UNITED INDIA INSURANCE COMPANY LIMITED**

Regd. Office: 24, Whites Road, Chennai – 600014

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**MARINE CLAIM FORM**

**Policy No.** **Sum Insured**

**Name of Claimant**

**Address**

**Description of goods and details of packing**

**B/L, R/R, G.C.N. etc . No. and date**

**Name of Vessel and/ or Conveyance**

**From**

**To**

**Date of arrival of vessel/goods at destination**

**Date on which application was given to  
Port Authorities for issue of shortlanding  
Certificates (Steamer shipments)**

**External condition of the goods at the time  
of taking delivery**

**Date of application for Survey/Open  
delivery by Carriers**

**Date survey held/open delivery obtained**

**Who made the survey/assessment**

**Date on which delivery was taken**

**Date of arrival of goods at final warehouse**

**Date of examination of contents in final warehouse**

**Name of consignor in the R.R./G.C.N**

**Name of consignee in the R.R./G.C.N,  
endorsed?**

**In whose favour was the R.R./G.C.N,  
Endorsed?**

**What risk notes, If any, were executed at  
the time of booking?**

**Has the value of the goods been paid to  
the Vendors? If so, when?**

**Details of loss/damage**

**Signature**