

Claim Form No: _____

INDUSIND MARINE HULL INSURANCE POLICY - CLAIM FORM

Issuance of this form does not imply acceptance of the liability

Please return the completed form within Fourteen days of the loss together with the relevant vouchers, documents etc.

Policy Number		Claim Number	
Date of Registration	DD / MM / YYYY	Area Office Code/Service Centre Code	
Broker/Agent Name		Code	

SECTION 1 - INSURED DETAILS (To be filled in BLOCK LETTERS)

1. Name of the Insured	☐ Mr. ☐ Mrs. ☐ Ms. F I R S T M I D D L E L A S T		
2. Customer ID			
3. Address of the Insured			
Plot No./Flat No.		Building Name	
Road		Area	
City		State	
Pin Code		Phone Number	
Mobile Number			
Email ID			
UID Aadhar No.		PAN No.	
Self attested copy of PAN card/Form 60 & Aadhaar Card (Mandatory - As per IRDAI Guideline)			
4. Do you have a GST Registration Number	☐ Yes ☐ No		
If Yes, please specify			
Profession/Occupation	☐ Business ☐ Profession ☐ Salary ☐ Agricultural Income ☐ Savings ☐ Others		
Monthly Income:	☐ Upto ₹ 20,000 ☐ ₹ 20,001 to ₹ 50,000 ☐ ₹ 50,001 to ₹ 1,00,000 ☐ ₹ 1,00,001 and above		

SECTION 2 - ASSIGNEE'S DETAILS

5. Name of the Assignee, if any:			
6. Particulars of the Insured Vessel :			
a) Name		b) GRT	
c) Registration No.		d) Place of Registration	
e) Classified as		f) Construction	

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IRDAI Registration No. 103 IndusInd General Insurance Company Limited (Formerly known as Reliance General Insurance). An ISO 9001:2015 Certified Company For complete details on the benefits, coverage, terms & conditions and exclusions, do read the sales brochure, prospectus and policy wordings carefully before concluding sale. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai-400063. Corporate Identity Number: U66603MH2000PLC128300. IndusInd Marine Hull Insurance Policy. UIN: IRDAN103RP0001V01200506 / IRDAN103CP0030V01201920. IGI/MCOM/CO/IMHIP/CF/VER.1.0/100326.


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g) Year Built		h) Engine No.	
7. Particulars of the Tindal & Crew Members			
Tindal		Name & Address	
Tindal's Father		Name & Address	
Crew Members		Name & Address	
1. _____		2. _____	
3. _____		4. _____	
5. _____		6. _____	
8. Policy Particulars No.		Issuing Office	
Period of Cover		Terms	
Sum Insured ₹			
9. Detailed particulars of the casualty giving to this claim indulging place (Anchor-bearing) Time, Date and the cause of the casualty:			

10. Actions taken to save the vessel from imperilment:			

11. Actual loss / damage suffered:			

12. Human lives lost /saved – How and by whom?			

13. Has the casualty been reported to the authorities – Port Officer / Police / Notary Public? If so, give particulars:			

14. Was the vessel seaworthy in all respects before commencement of the ill fated voyage or immediately before the casualty?			☐ Yes ☐ No
15. a) When was the vessel last repaired?			

b) What was the repair work carried out?			

16. Particulars of loss minimization efforts and expenses incurred, if any:			

17. Estimated Loss:			

SECTION 5 - BANK DETAILS

Would you like to opt for NEFT payment?

☐ Yes ☐ No

If YES, please enclose a cancelled cheque leaf along with the claim form.

Bank Name

Branch Name

A/C Holder Name as in Bank Record

City

State

Account No

IFSC Code

(this is a 11 digit code printed on your cheque leaf)

The above particulars are true to the best of my knowledge. I/We further declare that no other person has any interest in the said property, as Owner Mortgagee, Trustee or otherwise, and that it is not otherwise insured against with this or any other Office, except as above stated.

Date: _____

Place: _____

Signature of Insured

DECLARATION BY INSURED

I/We hereby declare that the statements made by me/us in this claim form are true to the best of my/our knowledge and belief. I/We hereby state that the above mentioned address shall be taken as address on record for the purpose of GST.

Date: _____

Place: _____

Signature of Insured

REGISTERED & CORPORATE OFFICE ADDRESS

 IRDAI Registration No. 103, IndusInd General Insurance Company Limited. Registered & Corporate Office: 6th Floor, Oberoi Commerz, International Business Park, Oberoi Garden City, Off. Western Express Highway, Goregaon (E), Mumbai - 400063. For assistance call **(022) 4890 3009 (Paid)**

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