

CLAIM NOTIFICATION FORM CARGO

Policy information

Policy number _____
Claim number (if available) _____
Policy holder _____
Address _____
Postal code and Place _____
Telephone number _____
IBAN number _____
Entitled to deduct V.A.T.? Yes No

Is there a Carriers Liability Insurance?

No Yes, insurer _____ Policy nr _____

Claims information

Date of loss or damage _____ - _____ - 20_____
Address of loss or damage* _____
Country of loss or damage* _____
* if known

Information in respect of loss or damage

Description of item(s)	Cause of damage	Nature of damage
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please provide further details of the loss or damage (if available)

Shipping information

Date of dispatch _____ - _____ - 20_____
Date of arrival _____ - _____ - 20_____
Place of dispatch _____ Country _____
Place of arrival _____ Country _____

Carrier

Name _____
Address _____
Postal code and city _____
Contact name _____
Contact number(s) _____
E-mail _____

Consignor

Name _____
Address _____
Postal code and city _____
Contact name _____
Contact number(s) _____
E-mail _____

Consignee

Name _____
Address _____
Postal code and city _____
Contact name _____
Contact number(s) _____
E-mail _____

Cargo information

What was the value of the good prior to the loss?

EUR USD GBP _____ (amount)
Attention: please attach invoice

Gross weight of the lost/damaged goods

EUR USD GBP _____ (amount)

Where can the goods be surveyed?

Please indicate whether consignee has made any remarks in respect of (partial) loss or damage on the waybill upon arrival of the goods. Yes No

Contact for the claim

Name

Telephone

E-mailadres

Other important information

- Include all relevant documents available such as way bills (Bill of Lading/ AVC/CMR/CIM documents), packing lists, invoice(s), photos of the loss or damage and correspondence in respect of the shipment;
- Immediately provide all written and/or verbal communications containing liability claims of any sort;
- Never admit to guilt or liability whatsoever, nor (commit to) make payments or arrange a settlement before contacting insurers;
- Never agree to a trade-off of any sort.