

Cargo Insurance



Claim Form

Please note!

- Damaged goods must be kept for survey.
- Receiver of goods is responsible to contain the damage.
- Always make a written claim to carrier.

Please enclose:

- invoice
- waybill
- written claim to carrier
- other documents of interest to this claim

INSURED

Name

Insurance number

Address

Insurance list

Tel:

Fax:

Claims handler

Mobile:

E-mail:

CONSIGNEÉ

Name

Tel:

Fax:

Claims handler

Mobile:

Address

E-mail:

TRANSPORT

Lorry Vessel (state name) Air Rail Mail

Carrier/Forwarder

Date of loading

Departure from:

Arrival date

Transport to:

GOODS

DAMAGE

Description of damage

IMPORTANT!

When was the damage discovered

Was the damage visible on arrival?

Was the waybill clausued?

Yes No

Yes No

Have you held carrier responsible in writing?

If not, why not?

Yes No

COMPENSATION (It should be evident how the claim is calculated)

Compensation asked

Multiple horizontal lines for entering compensation details.

COMMENTS

PAYMENT

Pay to:

Bank details

Address

Postgiro/Bankgiro

SIGNATURE

I/we confirm that the above is true and correct

Date

Signature

Name in block letters

ENCLOSED DOCUMENTS

Invoice

Waybill, B/L

Claim against carrier

Police report

Photos

Survey report



Send to:
If
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