

Preparer

First Name	
Last Name	
Business Phone Number	
Mobile Phone Number	
E-Mail	

General Claim Notification

Policy Number		Description of Cause of Damage / Loss	
Date of Damage / Loss			
Location of Damage / Loss			
Name / address of place where damaged goods may be surveyed		Name / address of person / company causing the loss	

Policyholder

Company Name		PO Box	
Street		Apt / Suite	
City		State / Province	
Zip Code		Country	
Business Phone Number		E-Mail	
Mobile Phone Number			
Bank Address		Account Number	

Claimant

Same as policyholder Not identical with policyholder:

Company Name		Last Name	
First Name		PO Box	
Street		Apt / Suite	
City		State / Province	
Zip Code		Country	
Business Phone Number		E-Mail	
Mobile Phone Number			

Merchandise in Transit

Description of Goods

Quantity / Weight

Type of Packing

Means of Transportation

Truck

Vessel

Air

Post

Courier/Express

Other

Delivery Terms

CIF

CFR

DDU

FOB

CIP

Other

Value of Goods

Estimated Size of Damage

Travel Route

Shipper of Goods

Consignee of Goods

Point of Departure

Date of Departure

Point of Arrival

Date of Arrival

Loader of Goods

Unloader of Goods

Fairs and Exhibitions

Name

City

Start Date

Termination Date

General Information

Was the damage / loss noted on delivery documentation at time of delivery?

yes

no

If not, why not?

Has the carrier been held liable?

yes

no

Have carriers representatives surveyed the damage?

yes

no

If yes, name of carrier's surveyor

Has police report been filed?

yes

no

If yes, indicate police station

Is there another insurance policy covering this loss?

yes

no

If yes, indicate name and address of insurer

Documents to be attached

In order for us to proceed with your claim as quickly as possible it is important to attach the following documents with this form.

Please tick to indicate documents enclosed:

- | | |
|---|---|
| <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Bill of Lading / Airway Bill / CMR Waybill / Delivery Note |
| <input type="checkbox"/> Commercial Invoice | <input type="checkbox"/> Survey Report |
| <input type="checkbox"/> Packing List (List of Weight) | <input type="checkbox"/> Loss Confirmation / Cargo Damage Report |
| <input type="checkbox"/> Instruction to Carrier | <input type="checkbox"/> Request for Postal Investigation / Receipt from Post for Indemnity |
| <input type="checkbox"/> Notification of Liability addressed to the Carrier | <input type="checkbox"/> Police Report |
| <input type="checkbox"/> Reply from the Carrier responsible | <input type="checkbox"/> Other Documents (Correspondence / Photos etc.) |

Additional Remarks