



## CARGO CLAIM FORM

<b>INSURED</b>	Name		Policy no.
	Address		Claim no.
	Contact person	Tel.	Fax
	E-mail		
<b>SHIPPER</b>			
<b>CONSIGNEE</b>	Name	Tel.	Fax
	Contact person	E-mail	
<b>TRANSPORT DETAILS</b>	Place and date of departure	Place and date of arrival	
	Nature of goods		
	Means of transport	Name of carrier/forwarder	
	Value of goods VAT 0 %	Packing	Weight in kgs
<b>IMPORTANT</b>	Description of damage. Cause, type and extent. (Please attach further details if needed)		
	When was the damage discovered?		Was the damage visible on arrival?
	Location of the damaged goods		
	Written notification of loss against carrier <input type="checkbox"/> Yes, attach copy <input type="checkbox"/> No		
<b>TERMS OF DELIVERY AND CALCULATION</b>	Terms of delivery		
	Total claim amount VAT 0 % (currency)		
<b>PAYMENT TO</b>	Name, address and business ID of beneficiary		
	Name and address of bank, swift/sort code and account number		
<b>PLEASE NOTE!</b>	<b>Damaged goods must be kept for survey. Please take all necessary steps to minimize the loss and prevent further damage.</b>		
<b>ENCLOSURES</b> (to be requested)	<ul style="list-style-type: none"> <li style="width: 33%;">– way bill, B/L, airway bill etc.</li> <li style="width: 33%;">– commercial invoice</li> <li style="width: 33%;">– survey report</li> <li style="width: 33%;">– insurance policy/certificate, if any.</li> <li style="width: 33%;">– delivery receipts/notes</li> <li style="width: 33%;">– cost of repair receipts or estimate</li> <li style="width: 33%;">– other relevant correspondence/documents</li> <li style="width: 33%;">– copy of notification of loss to carrier</li> </ul>		
Date	Signature	Name in block letters	

61376 10/2017