



CARGO CLAIM FORM

INSURED	Name		Policy no.
	Address		Claim no.
	Contact person	Tel.	Fax
	E-mail		
SHIPPER			
CONSIGNEE	Name	Tel.	Fax
	Contact person	E-mail	
TRANSPORT DETAILS	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
IMPORTANT	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		
TERMS OF DELIVERY AND CALCULATION	Terms of delivery		
	Total claim amount VAT 0 % (currency)		
PAYMENT TO	Name, address and business ID of beneficiary		
	Name and address of bank, swift/sort code and account number		
PLEASE NOTE!	Damaged goods must be kept for survey. Please take all necessary steps to minimize the loss and prevent further damage.		
ENCLOSURES (to be requested)	<ul style="list-style-type: none"> – way bill, B/L, airway bill etc. – insurance policy/certificate, if any. – other relevant correspondence/documents – commercial invoice – delivery receipts/notes – copy of notification of loss to carrier – survey report – cost of repair receipts or estimate 		
Date	Signature	Name in block letters	

61376 10/2008