



Notification of claim



Carriers' liability insurance – freight forwarder/stevedoring company/ship-broker

1 Customer details

Policyholder

Policy no.

Telephone no.

Visiting/postal address

Postal giro/Bank giro/Bank account no.

E-mail

2 Information

Means of transport

Date of departure

From

Your Principal

Date of arrival

To

Subcontracted carrier(s)

Date of delivery

Consignor

Consignee

Who loaded/unloaded?

Type of goods

Nature of packing

Number of packages or kg for the entire shipment

Number of damaged/missing packages and their gross weight

When were you notified of the loss?

Has the goods been inspected by you or your representative?

Yes

No

Where is the goods located for inspection?

Is the cargo insured separately?

Yes

No

If so, name of insurance company

3 Attached documents

The following documents are attached to the notification of loss:

Freight document

Loading/unloading list, schedule

Your invoice to your principal

Receipt of delivery

Invoice to you from subcontracted carrier

Correspondence between you and claimant

Copy of claim to you

Copy of notification to subcontracted carrier

Commercial invoice

Survey report

For the quickest possible handling, you are requested to submit full documentation.

4 Signature

The above information is to the best of my/our knowledge complete and correct.

City/Town

Date

Position

Policyholder's signature

Clarification of signature

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