

# Carrier`s liability insurance claims form

Assekuranz Partner der Industrie  
Versicherungsmakler GmbH



Policy holder:		
Surname:	First name:	Phone:
Street / Post office box:		Fax:
Postal code:	Place:	Email:

General details:		
Insurance company:	Insurance policy no.:	
Co-insured:	Own damage no.:	
Date of claim:	Time of claim:	Place of claim:

Goods damage:			
Damage Area:	Transport:	Delivery:	Transfer:
	Collection:	Store:	

Purchaser:		
Surname:	First name:	Phone:
Street / Post office box:		Fax:
Postal code:	Place:	Email:

Shipper:		
Surname:	First name:	Phone:
Street / Post office box:		Fax:
Postal code:	Place:	Email:

Recipient:		
Surname:	First name:	Phone:
Street / Post office box:		Fax:
Postal code:	Place:	Email:

Average agent:		
Surname:	First name:	Phone:
Street / Post office box:		Fax:
Postal code:	Place:	Email:

Damaging party:		
Surname:	First name:	Phone:
Street / Post office box:		Fax:
Postal code:	Place:	Email:

Order dates:			
Fetching date:	Setting date:	Order date:	
Kind of goods:		Shipment weight:	kg
Letter of liable takes place?	yes    no	If yes, when?	If yes, how?

Number of damaged package:		Weight of damaged package:		kg			
Shipment value: €	Expected amount of damage: €	Damage according to bill: €					
Received shipping payments: €		Paid Shipping payments: €					
Loading through:	Shipper	Driver	Unloading through:	Recipient	Driver		
Registration truck:	Transshipment takes place?		yes	no	Acknowledgement	yes	no

<b>Available documents:</b>			
Shipping documents	Letter of liable	Goods invoice	Damage report
Delivery proof	Forwarding order	Acknowledgement of receipt	
Log of damage	Bill of damage	Insurance assertion	Police report
Freight invoice	Value proofs	Bill of loading	Other
Objections against the reclamation?			
Was the requirement reduced from the freight?		yes	no

<b>Claim details:</b>	
Noted from:	Noted on:
Cause of claim:	
Description of claim:	
Police notification?	no      yes, on:
Organized search:	yes      no
Department?	
Incident / log no.:	

**Declaration:**

**I declare by signing below that I have answered the questions truthfully.**  
 We wish to bring your attention to the fact that any information supplied that is knowingly false or incomplete may lead to loss the insurance cover, even when the insurer is not put to any disadvantage as a result of the information supplied.

Date: \_\_\_\_\_ Signature policy holder: \_\_\_\_\_