

Cargo / transport insurance claims form

Assekuranz Partner der Industrie
Versicherungsmakler GmbH



Transport goods

Transport shipping company

| 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 | Store | Transfer | Other |

| Shipper / Purchaser: | | |
|---------------------------|-------------|--------|
| 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 / contract details: | | | |
|-------------------------------|------------------|----------------------------|------------------|
| Fetching date: | Setting date: | Order date: | |
| Sum insured: | € | Disponed storage: | yes no |
| Kind of goods: | Shipment weight: | | kg |
| Letter of liable takes place? | yes no | Number of damaged package: | |
| Weight of damaged package: | kg | Expected amount of damage: | |
| Loading through: | Recipient Driver | Unloading through: | Recipient Driver |

| Available documents: | | | |
|-----------------------------|----------------------------|----------------|-----------------|
| Shipping documents | Letter of liable | Goods invoice | Damage report |
| Delivery proof | Forwarding order | Bill of damage | Bill of loading |
| Log of damage | Acknowledgement of receipt | | |

| Claim details: | |
|-----------------------|-----------|
| Noted from: | Noted on: |
| Cause of claim: | |
| Description of claim: | |

| Declaration: |
|--|
| <p>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.</p> |

Date: _____ Signature of the policy holder: _____