



CARGO CLAIM NOTIFICATION FORM

Policyholder **Policy Number**

Truck Number or M/V Liner or Airline **Container Nr.**

Driver's Information (name, telephone number)

Truck Owner's Name or Shipping/Air Company

Date of incident/loss/damage **Voyage**

Type of Claim : Accident Fire Theft Short delivery Wet Deterioration Spoiling

Description of goods

Estimate amount of loss or damage

Principal **Date of loading**

Expediter **Consignee**

Location of the goods now for inspection (address, telephone number, contact name)

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Brief description of incident or loss/damage (please continue on a separate sheet if necessary)

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Date

Signature