



TRANSPORT CLAIM REPORTING FORM

SHIPPER

Name
Contact person
Address
Telephone number
Facsimile

CONSIGNEE / CLAIMANT

Name
Contact person
Address
Telephone number
Facsimile

MODE OF TRANSPORT

<input type="checkbox"/> Vessel	<input type="checkbox"/> Lorry	<input type="checkbox"/> Air	<input type="checkbox"/> Rail	<input type="checkbox"/> Other (Combined transport etc.).....
Waybill number		Name of carrier / forwarder		
Place of dispatch		Address of carrier / forwarder		
Place of delivery				
Date of dispatch		Telephone number of carrier / forwarder		
Date of delivery		Facsimile of carrier / forwarder		

CLAIM / DAMAGE

Damage cause

<input type="checkbox"/> Breakage	<input type="checkbox"/> Theft / Non delivery	<input type="checkbox"/> Shortage	<input type="checkbox"/> Water damage	<input type="checkbox"/> Other.....
Description of the damages				
Type of goods			Delivery terms (Incoterms)	
Number of collis lost / damaged		Gross weight		
Date when the damages were first discovered		Location where the damages were first discovered		
How were the damages discovered (Discharge, unpacking, etc.)				
Claim amount. Please state amount and type of cost (Total loss, costs of repair etc.)				
Where is the damaged goods available for inspection?				

DOCUMENTATION

Please enclose the following documentation: <input type="checkbox"/> Commercial Invoice <input type="checkbox"/> Freight Way Bill (Bill of Lading, Air Way Bill, CMR Way Bill etc.) <input type="checkbox"/> Freight Invoice <input type="checkbox"/> Claim letter to the carrier <input type="checkbox"/> Survey Report

CLAIMANT

Contact person	Telephone number
Date and signature	