# Loss Report Form

V/6.759\_/v: {\_UIVersionString}

#### Transport Insurance

## Policy holder

|  |  |
| --- | --- |
| Policyholder |       |
| Person to contact |  |
| Street |       |
| Postcode / town |       |
| Telephone no. |       | VAT registered | [ ]  Yes | [ ]  No |
| Bank account |  |
| Bank/branch |  |
| Insurer |       |
| Policy number |       |

## Conveyance

|  |  |
| --- | --- |
| [ ]  road vehicle 🡪 | [ ]  registered to you[ ]  registered to a third party:  |
|  |
| [ ]  Post 🡪 | [ ]  not recorded[ ]  recorded delivery / signed for[ ]  declared value / signed for |
|  |
| [ ]  Sea-/river-going vessel[ ]  Courier/express service [ ]  Aircraft[ ]  Rail |  |
| [ ]  other: |  |

## Loss occurrence

|  |  |
| --- | --- |
| Date: |  |
| Time: |  |
| Address: |  |
| Was any official report made of the facts? | [ ]  Yes | [ ]  No |
|  |
| **If so, by whom?** |
|  |
|  |
| **Circumstances of the loss::** |
|  |

Please continue on a separate sheet if necessary.

## Witnesses

|  |  |
| --- | --- |
| Full names |  |
| Tel. nos. and |  |
| Addresses |  |

## Details of the loss

|  |
| --- |
| * Name of haulier/carrier?
 |
|  |
|  |
| * Who was responsible for supervising the insured property at the time of the loss occurrence?
 |
|  |
|  |
| * Description of the goods damaged or lost (number, description, value)
 |
|  |
|  |
| * Precise description of the packaging
 |
|  |
|  |
| * Where can the damaged goods be inspected?
 |
|  |
|  |
| * Total value of shipment
 | CHF  |
| * Anticipated amount of loss
 | CHF  |

## Additional information

|  |  |
| --- | --- |
| * Place and date of department?
 |  |
| * Destination and arrival date?
 |  |
| * Who carried out the loading?
 | [ ]  Sender[ ]  Carrier |
| * Who carried out the unloading?
 | [ ]  Sender[ ]  Carrier |
| * Containerised?
 | [ ]  Domestic container[ ]  Consolidated container |

## Comments

|  |
| --- |
|  |
|  |
|  |
|  |
|  |

|  |
| --- |
| **, 20. December 2013** |
|  |
| The client      |
|  |  |