# 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 | |
|  |  |