

Notification of claim

Carriers liability



Insured	Company registration number
Address	Policy number
Postal code, city	Claim number
Contact person	Phone number
E-mail address	

Banking details

Payment reference

Banking details (account number, name of bank)

Mode of transport

Date when damage occurred

Place of departure

Place of arrival

Was the cargo carried by a subcontractor engaged by you?

Yes No

Please provide contact information

Insured vehicle registration number

Nature of loss (describe what has happened and how severe the damage is)

Specification of damaged cargo

Type of cargo/item

Weight (kgs)

Consigner

Consignee

Owner of damaged cargo

Invoice value

Claimed amount (currency)

Address where damaged cargo can be inspected

Phone number

E-mail address



F C E 2 0 1 5 1

Notification of claim

Carriers liability

Information about the owner of the damaged cargo

Contact person

Phone number

E-mail address

Is the consignment insured by the owner of the cargo?

Yes No

If Yes, which insurance company?

When damage occurs

- Notify the owner of the cargo about the damage and await instructions
- Limit the extent of damage
- Contact Moderna Försäkringar
- Please document the damage – take photos

Please enclose the following documentation (if available)

- Have you agreed on any General Conditions, for example Alltrans 2007 or NSAB 2000?
- Date when the owner of the cargo sent a complaint regarding damaged cargo
- Commercial invoice
- Claim for compensation
- Bill of Lading/Way Bill/Freight note
- Packing list
- Photographs/Survey report
- Estimated repair cost (if repair is possible)
- Salvage value
- Freight invoice
- Notice of claim to the subcontractor
- Certificate of destruction
- Police report (if cargo is stolen or missing)

Signature

Date and place

Signature

Printed name

Send notification of claim to:

Moderna Försäkringar
Företags- och Industriskador
FE 380
106 56 Stockholm

Or by e-mail to: cargoclaims@modernaforsakringar.se

