



Policyholder

Name

Policy number

Address

Contact person

Telephone number

Fax number

Goods

Voyage from _____ to _____

Description of goods

Certificate or declaration number (unless turnover-based policy)

Where available/appropriate, please attach

- Bill of lading, or air waybill, or CMR note,
or other consignment note
- Invoice Packing list
- Original Certificate of Insurance (if applicable)

Incident

Date of delivery/incident/loss/damage (delete as appropriate)
day month year

Estimated amount of loss or damage

Brief description of incident or loss/damage

Please continue on a separate sheet if necessary

Name and address of those whom you have held responsible

- Quantified statement of claim
- Claused delivery receipt
A clean receipt must not be given where goods are received in
damaged or doubtful condition
- Correspondence holding the carrier (or other bailee)
responsible for the loss or damage.
Carriers should be held liable in writing, within 3 days of delivery
- Any reply thereto

Inspection

Location of the goods now (if different from above)

If the potential claim amount exceeds £2,500 (or equivalent in
any other currency), please fax this form to us on 0161 236 0633,
so that we may arrange prompt inspection.

Contact name

Telephone number

Fax number