



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)	Contact name
	Telephone number
	Fax number

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.