

# Cargo Claim Notification

## Policyholder

Name

Address

Policy number

Contact person

Telephone number

Email address

## Goods

Voyage from \_\_\_\_\_ to \_\_\_\_\_

Description of goods

Certificate or declaration number (unless turnover-based policy)

## Where available/appropriate (tick if attached)

Bill of lading, or air waybill, or CMR note, or other consignment note

Invoice

Packing list

Original Certificate of Insurance

## 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

Email address