

Other, what?

Currency

euro

TRANSPORT AND INSURANCE	Consignor, name and address					
	Consignee, name and address					
	Cargo insured by		Insurance No.			
	<input type="checkbox"/> consignor		<input type="checkbox"/> consignee			
	Transported					
	<input type="checkbox"/> by sea		<input type="checkbox"/> by rail	<input type="checkbox"/> by mail	<input type="checkbox"/> by air	<input type="checkbox"/> by truck
	Carrier/airline/shipping company			Truck no. / Flight no. / Vessel		
	The cargo space was			Trade term		
<input type="checkbox"/> closed			<input type="checkbox"/> open	<input type="checkbox"/> covered	<input type="checkbox"/> uncovered	
Packing		Packing material				
<input type="checkbox"/> Unpacked		<input type="checkbox"/> Packed				
Loading time and place			Destination			
DETAILS ON LOSS OR DAMAGE	Place and date of discovery			Discovered by		
	Damage found					
	<input type="checkbox"/> when unloading			<input type="checkbox"/> when unpacking		
	Notified to carrier			To whom?		
	<input type="checkbox"/> in the waybill at the time of the delivery			<input type="checkbox"/> in writing, date		
	Description of the event and the damage (use attachment if needed)					
CLAIMANT	Name				Social security/trade registration No.	
	Address				Bank account	
CALCULATION OF COMPENSATION					Quantity	Unit price according to invoice
Goods damaged						
					Total claim	
Contact person (e-mail and phone number)						
ENCLOSURES (as copy)	<input type="checkbox"/>	Invoice	Place and date			
	<input type="checkbox"/>	Waybill	Signature			
	<input type="checkbox"/>	Police report				
	<input type="checkbox"/>	Repair invoice				
	<input type="checkbox"/>	Notification to carrier				
	<input type="checkbox"/>					