

MARINE CLAIM NOTIFICATION

Policy details	Insured	Policy number
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Transport details	Voyage (from - to)	Mode of transportation
	Date of departure	Terms of delivery
	Consignor	Consignor contact details
	Consignee	Consignee contact details
	Carrier	Carrier contact details
	Was the carrier held liable for the loss?	When?
	Was the loss notified to the police?	When?
	Total value of the shipment	

Loss details	Damaged/lost item	Weight (kg)
	Detailed loss description	
	Location of the damaged item	Contact person at the site, contact details
	Estimated loss amount	Does the damaged item bear any salvage value? How much?
When did the delivery reach destination?	When was the damage noticed?	

Claimant	Company	Contact person		
	Address	Zip code	City	
	Tel. number	Fax number	Email	
	Claimed amount	Account number		

Notified by	Company	Contact person		
	Address	Zip code	City	
	Tel. number	Fax number	Email	
	Signature	Date and place		

Enclosures	<input type="checkbox"/> waybill <input type="checkbox"/> bill of lading <input type="checkbox"/> commercial invoice <input type="checkbox"/> repair invoices / receipts	<input type="checkbox"/> reclamation made to the carrier <input type="checkbox"/> freight invoice <input type="checkbox"/> other, please specify
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Insurance company contacts	Chartis Europe S.A. (Finland) Kasarmikatu 44 FIN-00130 HELSINKI	Tel: +358 9 6860 380 Fax: + 358 9 6860 3880 E-Mail: Finland.MarineCLM@chartisinsurance.com
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