CARGO CLAIM FORM

INSURED	Name		Policy no.
	Address		Claim no.
	Contact person	Tel.	Fax
		E-mail	Mobile
SHIPPER			
CONSIGNEE	Name	Tel.	Fax
	Contact person	E-mail	Mobile
TRANSPORT DETAILS	Place and date of departure	Place and date of arrival	
	Nature of goods		
	Means of transport	Name of carrier/forwarder	
	Value of goods	Packing	Weight in kgs
IMPORTANT	Description of damage. Cause, type and extent. (Please attach further details if needed)		
	When was the damage discovered?		Was the damage visible on arrival?
	Location of the damaged goods		
	Written notification of loss against carrier ☐ Yes, attach copy ☐ No		
CALCULATION			
	Total claim amount (currency)		
PAYMENT TO	Name and address of beneficiary		
	Name and address of bank, swift/sort code and account number		
PLEASE NOTE!	**Damaged goods must be kept for survey. Please take all necessary steps to minimize the loss and prevent further damage.**		
PLEASE ATTACH	– way bill, B/L, airway bill etc. – insurance policy/certificate, if any. – other relevant correspondence/documents	– commercial invoice – delivery receipts/notes – copy of notification of loss to carrier	– survey report – cost of repair receipts or estimate

Date	Signature	Name in block letters

If P & C Insurance Company Ltd
Registered domicile and address Helsinki
Vattuniemenkuja 8 A, FI-00025 IF, Finland
Phone +358 10 515 10
Fax +358 10 514 5832
Business ID 1614120-3

If Skadeförsäkring Ab (publ)
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Fax +46 8 788 3270
Registration number: 516401-8102

If Skadeforsikring NUF
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Organisation number: 981 290 666

If Skadeforsikring, filial af If Skadeförsäkring AB (publ)
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Organisation number: 24203212