

Claim Declaration Form



KRAVAG-LOGISTIC Versicherungs-AG
Dept. Marine Cargo
Heidenkampsweg 102
20097 Hamburg

Bla Y'cZW g'ra Yf				
7i g'ra Yf UXXfYgg f'XYg'h'bl'j'cbl				
7]m#7ci blfmcZCf[[]b				
Bla Y'cZ'Ha.Y'Ve'a a]gg]cbYX'Ve'a dUbm				
Dc]M'rb'c"				
7Yfh]Z'WH'Y'cZ]bgj f'UbW'bc"				
H'c]U]bgj f'YX]j U'i Y	7i ffYbV'h		5a ci bh	

-A DCF H5BH

- 5`XLa U[YgUbX#cf`cggYgUfY'rc W'fYdcfHYX'k]h'ci hXY'Unih]a Y'W]b[]cZ'Ha.Y'YggYbWz'rc Ha.Y'Ve'a dUbm'a Ybh]cbYX'cb Ha.Y'fY] YfgY'cZ'nai f]bgj f'UbW' Wfh]Z'WH'Y"
- FYZ'fYbW]g'a UXY'rc Ha.Y]bZ'fa U]cb UbX'WU]a]fYdcf]b[]bgf]i V]cbg'gdV]W]YX'cb Ha.Y'fY] YfgY'cZ'nai f]bgj f'UbW' Wfh]Z'WH'Y"D'YUgY'fYUX'Ha.Y'gY' WfYZ]m' WZ'fY Z]b[]nai f]bgj f'UbW' WU]a "
- D'YUgY' _Y'dXLa U[YX]Ha gZ'f YI Ua]bU]cb i bh]nai f'WU]a \UgV'Yb'gY'h'YX"
- b]bg]UbW'g'k \YfY'Ufh]W'g'UfY'WU]a YX'U]g'a]gg]b[]d'YUgY'k f]H'Y'Ha.Y'dU]b[]bj Yb'c'f'mbi a Wf]b Ha.Y'gdUW' d'f'c]]XYX"
- 5b'nc'fXY'gZ'f fY'dU]f UbX#cf fY'd U'W'a Ybh'fYa U]b'nai f'c'k b fY'g'c'bg]V]m'h
- Ha.Y i bXY'f'k f]H'Y'f'g'fY'g'fY' Y'Ha.Y'f] \h'rc f'Vei Y'ghU'g' f] Y'n'fY'd'c'f'h' -Z'g'c'z'nai k]` WY]bZ'fa YX'U'v'ci h'k \ca]rc W'z'bh'U'W'Z'f'Ub'U'd'dc]b'ra Ybh'
- D'YUgY' UggY'gg'Ha.Y'Ua ci bh'cZ'XLa U[Y'UbX#cf`cggUgU'W'f'U'Y'n'U'g'd'c'gg]V'Y'UbX]b'W' XY'XY'U]YX'Y'g'h]a U]H'gZ'f fY'dU]f f]Z'U'dd]W'W'Y'c'D\c'rc f'Ub'g'cZ'XLa U[YX]Ha g'a U'h'W'f'Vei]fYX"
- H'c]U]c]X'Ub'm'XY'U'h]b'Ha.Y'gY'h'Ya Ybh'cZ'nai f'WU]a]d'YUgY'Ve'a d'Y'W'UbX'g]b U'`XY'U]g'c'bh]g'dU] Y'UbX'c] Y'f'YUZ'

1. Does your claim involve	Damage	<input type="checkbox"/> yes	<input type="checkbox"/> no
	Loss	<input type="checkbox"/> yes	<input type="checkbox"/> no
2. Place and date(s) of delivery	Place		Date
3. Name of the company who delivered your goods			
4. Place and date of discovery	Place		Date
5. Total amount of claim	Amount		Currency
6. Additional comments			

I certify that the claim presented is correct and truthful and that no material information has been omitted. I understand that if the claim is in any respect fraudulent all benefits under the insurance will be forfeited.

Notes on data protection

We process your personal data in the context of the reported damage.
You can find more information in our "Information sheet on data protection in claims processing" on the Internet at:
www.ruv.de/datenschutz/merkblatt-schadenbearbeitung.
On request, we will enjoy to send you a copy of this leaflet by post. Please note:
We do not participate in the information system of the German insurance industry (HIS). That's why you do not receive the "Information HIS" mentioned in the leaflet.

Signature	Date

Specification of the damaged or lost goods



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Category on Valued Inventory (e. g. A2)	Number on Packing List	Description of item	Please specify nature of damage or loss sustained (e.g. missing, broken, chipped, internal damage)	Replacement cost as new at destination	Insured value	Amount of claim (please specify currency)

Please continue on a separate sheet if required.

TOTAL AMOUNT OF CLAIM:

IN ORDER TO PREVENT POSSIBLE DELAYS WITH YOUR CLAIM PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE SUBMITTED WITH YOUR CLAIM FORM AND WITHIN 60 DAYS OF YOUR INITIAL NOTIFICATION.

ENCLOSURES

- ✓ Original confirmation of insurance
- ✓ Copy of application for insurance (valued inventory)
- ✓ Written professional estimates of repair
- ✓ Written professional estimates of replacement for missing item or items. Items beyond repair should be verified in writing by a professional source
- ✓ Photographs of all damaged items
- ✓ Packing list
- ✓ Copy of the form you signed when you took possession of your goods (delivery receipt)
- ✓ Pre-shipment and destination automobile reports (if applicable - i.e. if your vehicle sustained damage in transit)

DETAILS OF YOUR BANK ACCOUNT

BANK NAME:

BANK ADDRESS:

BRANCH/SORT CODE:

ACCOUNT NUMBER:

NAME OF ACCOUNT HOLDER:

THE UNDERSIGNED HEREBY DECLARES THAT ALL DETAILS GIVEN ARE TO THE BEST OF MY KNOWLEDGE AND BELIEF, CORRECT IN EVERY DETAIL.

Signature

Date