

Transport Insurance Claim Form

The documents listed below (preferably originals) must be enclosed with the claim form so that the claim can be processed.

Please select the enclosed documents:

- Insurance certificate
- Commercial invoice (sale/purchase)
- Packing list/weight list
- Transport, forwarding order
- Preliminary claims to the carrier
- Response of the responsible carrier
- Bill of lading/air waybill/CMR consignment note/delivery note
- Incident report
- Confirmation of loss/damage report
- Application for tracing by the Post Office/ compensation by the Post Office
- Police report
- Other documents (correspondance/photos etc.)

Details about insured

Policy no./registration no.

Surname, first name/company

Address/post code/town

Tel./fax

e-mail/contact

Name/address of bank

Account no./clearing no.

Details about the injured party

Surname, first name/company

Address/post code/town

Tel./fax

Contact

Information about consignment

Description of merchandise

Number of items/weight

Packaging type

**Merchandise value
(currency)**

**Damage amount
(currency)**

**Means/type of
transport**

truck

ship

airplane

post

courier/express service

other

Delivery terms

CIF

CFR

DDU

FOB

CIP

other

Details of transport route

Consignor

Consignee

Shipping/delivery location

Shipping/delivery date

**Who loaded/stowed/unloaded
the merchandise?**

Trade fairs and exhibitions

Name of trade fair

Town

Duration (from/to)

Description of how damage occurred

Date of damage

Location of damage

Description of claim event

**Name/address where the mer-
chandise can be viewed**

Name/address of agent of damage

General information

Was the damage noted on the delivery documents? Yes No

If not, why not?

Was a preliminary claim issued to the carrier? Yes No

Have authorised representatives of the carrier appraised the damage? Yes No

Name of carrier's independent assessor

Where is the damaged merchandise being held?

If a police report has been created, please state the responsible office

Is this damage covered by any other insurance policy? Yes No

Name/address

Chubb is authorised by the signatory/signatories to process the data generated during processing of the claim. Chubb may pass on data in the required scope to third parties involved in the contract in Switzerland and abroad, especially to co- and reinsurers and to companies forming part of the Chubb.

Furthermore, Chubb is authorised to obtain claim-related information from official agencies and third party and to view both official and court files. This authorisation applies independently of the acceptance of the claim.

Chubb is also authorised in the event of a recourse to a liable third party to pass on the data required for assertion of the claim for recourse to the liable third party or its liability insurer.

The signatory/signatories has/have the right to obtain information about the processing of data concerning themselves. Such consent may be withdrawn at any time.

Place and date

Company stamp / Signature(s)

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