

Marine Cargo Notification of Loss

Policy No. _____ Claim No. _____

Policy Holder / Insured

Company Mr. Mrs.

Last name, First name / Company name

Contact person/Reference

Address

Phone

Facsimile

Zip Code/City

Email

Bank

IBAN-No. or Postal Account

VAT: Are you pre-tax exempted? Yes No

1. Means of Conveyance

Road

Private-/Company Car

Registration Number

Third Party

Name of Forwarding Company

Sea/River

Air

Rail

Courier-/Express Mail Service

Post

Parcel

Letter

Type of delivery

2. Routeing

Shipper's Name

Place of departure

Date of departure

Consignee's Name

Place of destination

Date of arrival

*If yes where and by whom?

Was the cargo trans-shipped or intermediately stored?

Yes* No

Who loaded/stowed the goods?

Who unloaded the goods?

3. Exhibitions and fairs

Name

Place

Date (from/until)

4. Transported Goods

Type of goods

Quantity/Weight

Type of packing

Loss amount (including currency)

Invoice value (including currency)

Terms of trade

Transported goods: new used

Is there another policy covering this loss occurrence?

Yes* No don't know

*Name of the Insurance Company

Address

Policy No.

5. Details of loss/occurrence

Date	Time	Location	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Exact description of the circumstances and the cause leading to the claim

Name and address of place where the goods can be surveyed

Name and address of the person/company responsible for causing the loss/damage

Has this person / company been held responsible? Yes No

Were special conditions agreed,
e.g. ASTAG, GC Spedlogswiss?

If yes, which?

* If yes, at which police station?

Was a police report established? Yes* No unknown

6. Claiming Party

Name and full address of claiming party

Contact Person

Phone

Email

Bank

IBAN-No. or Postal Account

Enclosures (original copy)

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Commercial Invoice | <input type="checkbox"/> Packing List, List of Weight | <input type="checkbox"/> Delivery Receipt | <input type="checkbox"/> Certificate of Insurance |
| <input type="checkbox"/> Survey Report | <input type="checkbox"/> Debit Note | <input type="checkbox"/> CMR Waybill | <input type="checkbox"/> Bill of Lading |
| <input type="checkbox"/> Airway Bill | <input type="checkbox"/> Postal Receipt | <input type="checkbox"/> Postal Tracer | <input type="checkbox"/> Postal Indemnity |
| <input type="checkbox"/> Instructions to Carrier | <input type="checkbox"/> Letter of liability to carrier | <input type="checkbox"/> Damage photos | <input type="checkbox"/> Reply of Carrier |
| <input type="checkbox"/> Final Loss Confirmation | <input type="checkbox"/> Cargo Damage Report signed by Carrier | | <input type="checkbox"/> Further Correspondence |

The undersigned person(s) authorize(s) Zurich Insurance Company Ltd to process data during the course of processing a claim for damage. To the extent required, Zurich Insurance Company Ltd is authorized to forward data for processing to third parties in Switzerland and abroad who are involved in the Policy, in particular to coinsurance and reinsurance companies, and to companies which belong to the Zurich Group.

Furthermore, Zurich Insurance Company Ltd is authorized to procure pertinent information from official sources and third parties and to inspect official and court files. This consent shall be valid regardless of whether a claim for damage is being processed.

Additionally Zurich Insurance Company Ltd is authorized in cases of recourse to a liable third party to provide the necessary data to the liable third party or their liability insurer, to enable them to enforce their legal claims.

The undersigned person(s) has/have the right to request that Zurich Insurance Company Ltd provide information envisaged under legislation in respect of the processing of data pertaining to him/her/it. The consent given in respect of processing data can be revoked at any time.

Place and date

Company stamp/Signature