Loss advice

for ☐ **Liability Insurance**
☐ **Cargo Insurance**

SCHUNCK Claim no.

Policyholder details

Name and address:

Policy no.:	
Branch:	
Claim no.:	
Certificate no.:	

To
OSKAR SCHUNCK KG

Can party involved in loss be corresponded with directly:
Yes ☐   No ☐

Loss details

(1) Customer:	Name: Street: Address:	Country code Postcode City
(2) Sender:	Name: Street: Address:	Country code Postcode City
(3) Recipient:	Name: Street: Address:	Country code Postcode City
(4) Party responsible for the loss:	Name: Street: Address:	Country code Postcode City
(5) Claimant:	Name: Street: Address:	Country code Postcode City

Weight of damaged/lost goods in kg:	Date of first compaint:
Kind of goods:	Value of goods in EUR:

Expected claims amount in EUR:

Date of dispatch:	Shipment no.:	
Weight of shipment in kg:	No. of packages:	Truck registration no.:
Order date:	Delivery date:	Date of loss:
Goods reloaded? Yes ☐ No ☐	Loaded by whom?	☐ Customer ☐ Driver ☐ Both
Clear receipt? Yes ☐ No ☐	Unloaded by whom?	☐ Recipient ☐ Driver ☐ Both
Average adjuster? Yes ☐ No ☐	If yes, name	Police contacted? Yes ☐ No ☐

Description of loss event (append separate sheet if necessary):

Circumstances of loss:
☐ Reloading ☐ Storage ☐ Other ☐ Transport
Consolidated shipment ☐
Dealing for own account ☐

Type of loss event:
☐ Loss   ☐ Damage
☐ COD   ☐ Inventory difference
☐ Passing of delivery date ☐ Other

Loss participation details:

☐ The insurers are entitled but not obliged to assert the loss participation for us in their own name.

Attachments:
☐ Consignment note   ☐ Certificate of loss
☐ Delivery receipt   ☐ Expert's report
☐ Forwarding order   ☐ Police report
☐ Forwarder's note of charges ☐ Loading/packing list
☐ Acceptance receipt   ☐ Loss report
☐ Loss invoice   ☐ Insurance certificate
☐ Proof of value   ☐ Bill of lading
   (e.g. delivery invoice) ☐ Other

Place: **Date:**

Signature: _____

Please complete the bold required fields!