Claims notification form

Marine (Cargo) insurance

Note

Please send the completed and signed claims notification form to:

KESSLER & CO Inc.

Forchstrasse 95

P.O. Box  
CH-8032 Zurich

T +41 44 387 87 11

# Insurance policy number

Policyholder

|  |  |
| --- | --- |
| Name, first name / company |  |
| Contact person |  |
| Street, postal code, place |  |
| Phone, mobile, fax |  |
| E-Mail |  |
| Bank details for claims payment | |
| Name and address of bank |  |
| Account number, Clearing number |  |
| IBAN, BIC |  |
| Postal account |  |
| Account holders |  |
| Can you recover de VAT?  Yes  No | |

Merchandise / goods

|  |  |
| --- | --- |
| Exact description (number and weight according to delivery bill or packing slip) |  |
| Mode of shipment |  |
| Type of packaging |  |

Means of conveyance

|  |  |
| --- | --- |
| Means of conveyance |  |
| Other means of conveyance |  |
| Who has packed?1 |  |
| Who has loaded?1 |  |
| Who has unloaded?1 |  |

**Voyage**

|  |  |
| --- | --- |
| Place of shipment1 and date |  |
| Transshipment1 and date |  |
| Place of destination1 and date |  |
| Forwarding agent1, last carrier |  |

1 Please fill in name and first name or company inc address.

Type of claim

|  |  |  |
| --- | --- | --- |
| In question is | |  |
| Description | |  |
| Date and time | |  |
| Street, zip code / place, country | |  |
| Estimated claims amount in CHF | |  |
| Delivery condition (Incoterms) | |  |
| Claim notice by whom | |  |
| Has an official statement of facts form been completed?  Yes  No | | |
| If yes: | * Who notified the police? |  | |
|  | * Date of notification |  | |
|  | * Police station |  | |
|  | * Police officer |  | |
|  | * Phone no. |  | |

Neutral expertise

|  |  |
| --- | --- |
| The following claims agent / adjuster has been / will be involved. | |
| Place |  |
| Claims agent / adjuster | |
| Name, first name / company |  |
| Street, zip code / place, country |  |

Damaged goods (are located at)

|  |  |
| --- | --- |
| Name, first name / company |  |
| Contact |  |
| Street, zip code / place, country |  |
| Phone, Mobile |  |

Claims notification against carrier

|  |  |  |
| --- | --- | --- |
| Have you made a notification on the delivery papers?  Yes  No | | |
| Have you held the last carrier liable for the claim?  Yes  No | | |
| If no: | * Why not? |  |

Other insurance

|  |  |  |
| --- | --- | --- |
| Does a separate insurance for this claim exist with another company  (probably shipper resp. consignee or forwarding agent)?  Yes  No | | |
| If yes: | * Insurance company |  |
|  | * Insurance policy number |  |

Remarks / additional information

Enclosures (as far as available)

|  |  |
| --- | --- |
| 0 Insurance certificate (Original) Packing list and / or list of weight Commercial invoice Delivery receipt (Original) Way bill (Original) CMR-way bill (Original) Railway bill Bill of lading (B/L) Airway bill Postal receipt | Survey report (Original)  Order for forwarding and / or transport  Reservations and concerns about carrier  Carrier's reply  Railway services claim report  Postal services claim report  Final loss certificate  Existing correspondence  Claim bill  Postal tracer |

Consent

The undersigned authorizes the insurance company to obtain any information regarding the claim from other insureds or third parties and to examine any official and court documents which are related to the claim. Furthermore, the insurance company has the right to remit data to official or legal institutions and to any other insurance companies (co-insurers or reinsurers) in Switzerland and abroad which are involved in the claim. The undersigned is asked to abstain from accepting any claims without prior contacting the insurance company.

|  |
| --- |
| Place and date |

|  |
| --- |
| Signature / stamp of the insured |