**Notice of Claim**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Marine Cargo / Transport** | | | | | | | | | | | | | | | |
|  | | | | | | | | | WTW Client No.: | | | | | | |
|  | | | | | | | | | Insurance Policy No.: | | | | | | |
|  | | | | | | | | | WTW Claim No.: | | | | | | |
|  | | | | | | | | | Client Claim No.: | | | | | | |
| **Willis Towers Watson**  **Versicherungsmakler GmbH** | | | | | | | | | Name/Stamp of the Policyholder: | | | | | | |
|  | | | | | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | | | |
|  | | | | | | | | |  | | | | | | |
|  | | | | | | | | | Entitled to deduct tax (VAT):  no  yes,      % | | | | | | |
| **General** | Date of claim: | |  | Time: | | | | Location of claim (address): | | | | | | | |
|  |  | |  |  | | | |  | | | | | | | |
| **Cause of Claim** | How did the claim/loss occured? (Please give an exact description). Attach extra pages if required. | | | | | | | | | | | | | | |
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|  |  | | | | | | | | | | | | | | |
|  | Weight of the damaged/lost part of the consignment: | | | | | | | | | | | kg | | | |
|  | Cause of Claim? | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
|  | Was the claim reported to the police? | | | | | | | | | | | | | | Crime Reference No.: |
|  | no  yes, department: | | | |  | | | | | | | | | |  |
|  |  | | | | | | | | |  | | | | | |
| **Documents required** | Copy of the transport/shipping order | | | | | | | | | | | | | handover receipt (from the shipper) | |
|  | Insurance Policy / Certificate | | | | | | | | | | | | | Claim Invoice | |
|  | P.O.D. (Proof of Delivery) | | | | | | | | | | | | | Survey Report (if available) | |
|  | Letter of Liability | | | | | | | | | | | | | Freight Documents (e.g. B/L, AWB, Delivery Note) | |
|  | Claim Report of the Carrier/Forwarder | | | | | | | | | | | | | Packing List | |
|  | Proof of Value (e.g. Commercial Invoice) | | | | | | | | | | | | |  | |
|  | other: |  | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | |
| **Claim Amount** | What is the estimated claim amount? (non-binding) | | | | | | | | | | EUR | | | | |
|  | Who should receive payment? (Account Holder) | | | | | | | | | |  | | | | |
|  | IBAN: | | | | | | | | | | BIC: | | | | |  |  |
|  | Bank Institution, Place: | | | | | | | | | |  | | | | |  |  |
|  |  | | | | | | | | | |  | | | | |
| Please answer all applicable questions. Strike outs or other marks are counted as no. | | | | | | | | | | | | | | | |
| All questions should be answered truthfully to the best of your knowledge. Any intentionally false or not completely true information can lead to  a denial of coverage even if this has no effect on the insurer’s adjusting of the claim. | | | | | | | | | | | | | | | |
|  | | | | | |  |  | | | | |  |  | | |
| Place | | | | | | | Date | | | | | Signature | | | |