**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. |
|  |       |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  | 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 |
|  | [x]  P.O.D. (Proof of Delivery) | [ ]  Survey Report (if available) |
|  | [x]  Letter of Liability | [x]  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 |