

Goods in Transit Insurance Claim Application

POLICYHOLDER	Company name	Registry code	
	Postal address (street, house, city, rural municipality, county, postal code)		
CONTACT PERSON	First name and surname	Contact telephone number	E-mail
OWNER OF THE INSURED OBJECT To be filled in if policyholder is not the owner of the property	First name and surname / Company name		Personal code / Registry code
	Address (street, house, city, rural municipality, county, postal code)		
INSURANCE CONTRACT	Policy No.	Valid from	Valid until
INFORMATION ABOUT THE INCIDENT Has a written statement been made to the carrier? <input type="checkbox"/> NO <input type="checkbox"/> YES	Date and time	Place of incident	
	First name and surname of the person who discovered the damage		Contact telephone number
	Description of the insured event and its causes		
PERSON RESPONSIBLE FOR DAMAGE	First name and surname / Company name		Personal code / Registry code
	Address (street, house, city, rural municipality, county, postal code)		
INFORMING THE POLICE	Have the police been informed about the incident? <input type="checkbox"/> NO <input type="checkbox"/> YES, please specify (authority and the person handling the case)		
	Did the police arrive at the scene? <input type="checkbox"/> NO <input type="checkbox"/> YES	Have the police opened a case? <input type="checkbox"/> NO <input type="checkbox"/> YES	
INFORMATION ABOUT GOODS IN TRANSIT	Place of departure	Departure date	
	Destination	Arrival date	
	Delivery clause <input type="checkbox"/> EXW <input type="checkbox"/> CIF <input type="checkbox"/> CIP <input type="checkbox"/> DDU <input type="checkbox"/>	Transport type <input type="checkbox"/> railway <input type="checkbox"/> plane <input type="checkbox"/> car <input type="checkbox"/> boat <input type="checkbox"/> post <input type="checkbox"/>	
	Name of freight forwarding company	Name of ship	

OTHER INSURERS	Is the damaged property insured with any other insurance company? <input type="checkbox"/> NO <input type="checkbox"/> YES, please submit, along with the application, a copy of the insurance policy from any other company		
WITNESSES	Were there any witnesses to the incident? <input type="checkbox"/> NO <input type="checkbox"/> YES, please specify (name, contact details)		
DAMAGED OR STOLEN PROPERTY	Description of property	Value before incident	Amount of damage
	Goods were <input type="checkbox"/> packaged <input type="checkbox"/> without packaging	Do the amounts include VAT? <input type="checkbox"/> NO <input type="checkbox"/> YES	Total amount of damage
	Damaged property is located at the address (street, house, city, rural municipality, county, postal code)		
BENEFICIARY	Company name	Registry code	
	IBAN	Bank	
I ENCLOSE WITH THE CLAIM APPLICATION	<input type="checkbox"/> statement of the causes of the incident <input type="checkbox"/> reclamation to the carrier <input type="checkbox"/> commercial invoice <input type="checkbox"/> carrier's response to reclamation <input type="checkbox"/> bill of lading (B/L) <input type="checkbox"/> budget for repairs <input type="checkbox"/> damage report to the carrier <input type="checkbox"/> bill for repairs <input type="checkbox"/> forwarding invoice <input type="checkbox"/> statement to the police <input type="checkbox"/> waybill <input type="checkbox"/> notice from the police about a case initiation <input type="checkbox"/> customs certificate <input type="checkbox"/> photos of the damaged goods <input type="checkbox"/> other documents, specify		
NOTES			
SIGNATURE OF POLICYHOLDER OR POLICYHOLDER'S REPRESENTATIVE	I certify that the information given above is correct. I give Seesam my consent for obtaining information related to the above insurance case from those who have information relevant to the handling of this claim.		
	First name and surname	Date	Signature
INSURER	Compensa Vienna Insurance Group, ADB Estonian branch Maakri 19/1, B-building 10145 Tallinn Phone (+372) 628 1700, e-mail: kahjud@seesam.ee, www.seesam.ee		
RECEIPT OF THE APPLICATION BY SEESAM	Name of Seesam representative who received the application	Date	Signature