

CUSTOMER CLAIM

Schenker A/S
For the att. of:

Schenker's claim No.:

Schenker's ref. No.:

| | | | |
|--|--------------------|---|--|
| Company name: | | | |
| Address: | | | |
| Phone/e-mail: | | | |
| Consignee: | | Consignor: | |
| Destination: | | Place of dispatch: | |
| Date of dispatch: | Date of reception: | Date of ascertainment of: | Damage <input type="checkbox"/> Manco <input type="checkbox"/> Lost goods <input type="checkbox"/> |
| Full shipment: | Packages: | Weight: | Item description: |
| Damage/manco/loss: | Packages: | Weight: | Item description: |
| Are the goods insured? Yes: <input type="checkbox"/> No: <input type="checkbox"/> | | NOTE! Please await information of a possible inspection before starting any repair. Damaged goods not to be destroyed without Schenker's acceptance. | |
| Insurance company: | | | |
| Description of damage/manco/loss: | | Description of packing material: | |
| Damage to packing material? Yes <input type="checkbox"/> No <input type="checkbox"/> | | Documentation to Schenker (mandatory): Consignment note <input type="checkbox"/> Commercial invoice <input type="checkbox"/> Other documents <input type="checkbox"/> | |
| Action proposals, e.g. repair, replacement, and estimated costs: | | | |
| After Schenker's admission to pay compensation, the amount to be transferred to: | | Reg. No. | Account No. |
| The undersigned confirms that the above information is complete and correct. | | Claim received by Schenker A/S | |
| Place: | Date: | Date: | |
| Name of complainant: | | Name: | |
| Signature: | | Signature: | |
| Comments: | | | |

All claims subject to the General Conditions of the Nordic Association of Freight Forwarders (NSAB 2000)