CONZEPTA'S
Assekuranzmakler AG
International Insurance Broker

Transport claim form

In the event of a claim, please complete this questionnaire digitally and forward it to schaden@conzeptas.eu or to your personal claims handler.

Contract no. _____ **Insurer** _____

Policyholder (PH)

Name _____

Street, no. _____

Postcode, city _____

Phone no. _____

E-Mail _____

General Information about the claim

Bank details for payment

IBAN no. _____ BIC-/SWIFT-Code _____

Damage occurrence

Journey from _____ to _____

Means of transport _____ License plate _____

For general policies:Transport registered on _____ Sheet no. _____ Serial no. _____

When did the damage occur? date: _____ at _____ o´clock

Where did the damage occur? _____

Who noticed the damage first? / And when? _____

When did you become aware of the damage? date: _____ at _____ o´clock

Who caused the damage? _____

Were claims against third parties (carriers, forwarders) secured? ☐ no reason _____

☐ yes on _____

_____

Delivering transport company? Name _____

Address _____

Was the damage reported to the police?
(In case of theft, burglary, fire, transport accident) ☐ yes on _____

☐ no reason _____

Report filed with (police station) / Diary No. _____

What security measures were taken to prevent theft/burglary?

_____

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Damaged item(s)

What type of goods were affected by the damage?

Factory no. _____ Year of manufacture _____

Current valuie _____ New value _____

Was the insured good in proper condition at the start of transport? _____

How were the goods packed and loaded? _____

Are there any visible damages to the means of transport? ☐ Yes ☐ No Art: _____

Are there any visible damages to the packaging? ☐ Yes ☐ No Art: _____

Estimated amount of damage: _____

Is it a total loss? ☐ No ☐ Yes _____

Where can the damaged goods be inspected? _____

Name/ Adress _____

_____

Which loss adjuster/expert inspected the damage? _____

Is there any other insurance for the goods? _____

Cause, type and course of the damage?

(Detailed description, possibly on a separate sheet; please use sketches, photos, brochures, etc. for explanation!)

I have answered the questions in the claim report truthfully and to the best of my knowledge.

Data protection

We use personal data provided to us by the policyholder for the issuance and administration of the insurance, including the processing of related claims. Further information can be found in our framework data protection policy at https://www.conzeptas.eu/en/legal-information/. This framework data protection policy can also be requested at any time by emailing info@conzeptas.eu.

_____ _____

Place, date Signature of the policyholder