

Marine Claims Dept.

Contract No

Road Haulage Claim Form

Insured

Name / Company _____

Street _____

ZIP Code / Place _____

Telephone _____ E-Mail _____

Claim Payment through _____ Bank Account and IBAN _____

1. Type of Vehicle

a) Brand and Licence Plate No. _____

b) Name of the Driver _____

2. Type of Transport

a) Route of Transport from _____ to _____

b) In the capacity as Carrier Proprietor

3. Description of Damage

a) Date and time of damage occurrence _____ b) Place of damage _____

c) Describe exactly the circumstances and the cause leading to the claim. Which goods are damaged, what kind of damage is it.

d) Approximate Claim amount _____

e) Where and at whose premises can the damaged goods be inspected? _____

4. Liability

a) Were the goods in good shape at taking over or did you make a reservation? _____

b) Date and time of delivery _____

c) Was there a reservation at delivery? If not, when and in which form (orally or in written) was there a loss reported?

d) Is there a Transport policy placed with another insurance company?

- Yes, through No
 Shipper Consignee Forwarder

e) Was there a police report issued? Yes, where _____ No

Procedures in the case of a transport loss / damage

This claim form is to be completed and to be sent immediately to the Insurer after occurrence of a loss.
This claim form must be sent to Baloise together with the requested documents as stated below:

- Attachments**
- Waybill (Delivery Note with reserves / CMR)
 - Vendor invoice with respect to the whole transport
 - Letter of complaint including claim amount

The Assured may not accept any claim for damage or liability without the insurer's content.

The undersigned authorizes Baloise Insurance Ltd [Baloise Life Ltd] (hereinafter called Baloise) to process his/her personal data in connection with the processing of this insurance claim/benefit case.
Baloise may in particular:

- Refer data to involved third parties in Switzerland or abroad (e.g. co-insurer; reinsurer);
- Seek recourse from a liable third party (or their liability insurer) and provide them with the relevant data;
- Obtain relevant information and access to relevant documentation from private insurers, public authorities, witnesses and other information providers.

The undersigned authorizes the above mentioned individuals or institutions to provide Baloise, at the latter's request, with data required for processing of the insurance claim/benefit case and relieves them of their obligation of secrecy for this purpose.

The undersigned also relieves Baloise of its obligation of secrecy with regard to data that it passes on to third parties in connection with the processing of the claim/benefit case.

The Assured authorizes Baloise to allow inspection in policy reports and criminal records.

The Assured declares, to have truthfully filled out the claim form.