

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.