

To „BULSTRAD VIENNA INSURANCE GROUP“ EAD  
 Transport and Marine Claims Department  
 5 Pozitano Sq., 1000 Sofia  
 tel.: +359 2 985 62 02; fax: +359 2 985 62 03  
 e-mail: cargo.claim@bulstrad.bg

Date:        
day month year

## CARGO INSURANCE CLAIM FORM

for  Claim file No   
(indicate the currency and amount of the claim)

Insurance policy No.:

Subject-matter:   
(description of cargo, number of parcels as per the commercial invoice)

Place where the damage was identified:

Bilateral Statement of Findings No:  of   
(company which issued the statement)

It was found that the cargo arrived with the following damages:

1. Absence of  (number of missing parcels/packages) with weight of  kg

2. Damage of  (number of damaged parcels/packages) due to:

tearing	<input type="text"/>
dispersal	<input type="text"/>
contamination	<input type="text"/>
dampening	<input type="text"/>
breaking	<input type="text"/>
deformation	<input type="text"/>
abrasion	<input type="text"/>
denting	<input type="text"/>
other	<input type="text"/>

2.1. Impairment according to protocol of  from   
(company which estimated the impairment) (date)

Percentage of impairment  % amount  currency

2.2. Discarded according to protocol of  from   
(the company which performed the discarding) (date)

Number of discarded items  X item price  amount  currency

2.3. Dispersed/missing  number/kg X item price  amount  currency

Increase  % amount  currency

**Total Loss**  currency

3. Costs incurred for determining the loss:

3.1. For survey report, according to invoice No:  issued by:   
(name of average agent)

amount  currency

3.2. Costs of handling the damaged cargo  
 according to invoice No  dated  of   
(name of company)

3.3. Costs of repair of the damaged cargo  
 according to invoice No  dated  of   
(name of company)  
 amount  currency

4. Remaining value of the damaged cargo – amounts received from the sale of defective goods  
 according to invoice No  dated  amount  currency   
**TOTAL CLAIM AMOUNT**  currency

Please, transfer the amount above to:   
(insured or other third party which has an insurable interest)

via bank account with IBAN   
 bank

**The following documents are attached for proving the claim (mark "yes" or "no"):**

	yes	no
1. ORIGINAL COPY of insurance policy or certificate – original, application, open cover insurance policy No: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. ORIGINAL COPY of the consignment note No <input type="text"/> (bill of lading, rail consignment, consignment note, air waybill)	<input type="checkbox"/>	<input type="checkbox"/>
3. ORIGINAL COPY of a bilateral statement of findings from the carrier No: <input type="text"/> (notice; statement of inspection from the railway, air or land carrier company)	<input type="checkbox"/>	<input type="checkbox"/>
4. ORIGINAL COPY of the survey report issued by: <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Copy of the supplier's/seller's invoice No <input type="text"/> dated <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Specification to the invoice	<input type="checkbox"/>	<input type="checkbox"/>
7. Packing list to the invoice	<input type="checkbox"/>	<input type="checkbox"/>
8. Copy of claim against the shipping agent or carrier, or the aircarrier and their response	<input type="checkbox"/>	<input type="checkbox"/>
9. Other documents such as: report letters, final report letter, tallyman's check notes, delivery-and-acceptance records, etc.	<input type="checkbox"/>	<input type="checkbox"/>
10. Correspondence regarding this claim	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>

Additional documents may be required, depending on the insurance coverage, the occurrence of the insurance event and the way of transportation.

The claim was prepared by ..... claimant (name).....

Telephone:..... fax:.....

e-mail:.....

Signature, seal.....