

Tel.: +359 2 9856 202, 203; e-mail: cargo.claim@bulstrad.bg

Date        
day month year

## CARRIER'S LIABILITY INSURANCE CLAIM FORM

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

Policy No.    
(name of the insured)

tel./fax  e-mail

During transportation of cargo: pcs./ kgs.   
(goods according to consignment note and/or commercial invoice)

From  to   
(place of loading and country) (place of unloading and country)

Consignment note No.:  dated        
day month year (date of issuance)

Reg. No. of the vehicle:

for occurred loss and/or damage of  pcs. GROSS WEIGHT

As a result of:

(description of damages; time and location of occurrence)

Date of insurance event        
day month year

Calculation of the claimed amount:

Please, transfer the claimed amount to:   
(beneficiary of the amount)

Bank Account IBAN

Bank (name)

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

	yes	no
1. Copie of the signed insurance contract	<input type="checkbox"/>	<input type="checkbox"/>
2. Written complaint by the beneficiary	<input type="checkbox"/>	<input type="checkbox"/>
3. Transport order	<input type="checkbox"/>	<input type="checkbox"/>
4. Document for the paid freight	<input type="checkbox"/>	<input type="checkbox"/>
5. ORIGINAL COPY of consignment note No. <input style="width: 200px;" type="text"/> signed by the consignee	<input type="checkbox"/>	<input type="checkbox"/>
6. Shipping list (list of all goods) in case of groupage transport	<input type="checkbox"/>	<input type="checkbox"/>
7. Commercial from the supplier, specification and packing list with it	<input type="checkbox"/>	<input type="checkbox"/>
8. Bilateral statement of findings, between the consignee recipient and the carrier regarding the established loss and/or damage of the goods	<input type="checkbox"/>	<input type="checkbox"/>
9. Written explanation from the driver - manner of loading, description of the damages and the reason for their occurrence	<input type="checkbox"/>	<input type="checkbox"/>
10. Original copy of the survey report	<input type="checkbox"/>	<input type="checkbox"/>
11. Police report, copy of a notification filed with the police	<input type="checkbox"/>	<input type="checkbox"/>
12. Thermal log, records of the temperature regime during the transport	<input type="checkbox"/>	<input type="checkbox"/>
13. Court decision and other additionally requested information	<input type="checkbox"/>	<input type="checkbox"/>
14. Invoice for income from salvaging the damaged goods	<input type="checkbox"/>	<input type="checkbox"/>
15. Declaration for absence of cargo insurance	<input type="checkbox"/>	<input type="checkbox"/>
16.	<input type="checkbox"/>	<input type="checkbox"/>
17.	<input type="checkbox"/>	<input type="checkbox"/>
18.	<input type="checkbox"/>	<input type="checkbox"/>
19.	<input type="checkbox"/>	<input type="checkbox"/>
20.	<input type="checkbox"/>	<input type="checkbox"/>
21.	<input type="checkbox"/>	<input type="checkbox"/>
22.	<input type="checkbox"/>	<input type="checkbox"/>
23.	<input type="checkbox"/>	<input type="checkbox"/>
24.	<input type="checkbox"/>	<input type="checkbox"/>
25.	<input type="checkbox"/>	<input type="checkbox"/>

I'm aware that the insurer may request other documents to establish the event and determine the amount of damages.

The claim was prepared by:

Claimant

Telephone No.

E-mail address:

Signature, seal .....