

To „BULSTRAD VIENNA INSURANCE GROUP“ EAD  
Transport and Marine Claims Department  
5 Positano Sq, 1000 Sofia  
Tel.: +359 2 9856 202, 203; e-mail: cargo.claim@bulstrad.bg

Date        
day month year

## CARRIER'S LIABILITY INSURANCE NOTIFICATION OF LOSS OR DAMAGE

From:

Address:  Contact person:

Location:  Telephone:

Policy No.:  Fax:

Company:  e-mail:

(name of the Insured)

Insured goods according to the commercial invoice: type of cargo:

number of parcels:

quantity:

carried from  to   
city/country city/country

On       we were informed by   
day month year (company which reported the damage)

that during a carriage with truck with reg. No  damages of the cargo occurred as follows:

(description of damages; time and location of occurrence)

The cargo is currently located in (name):

(address):   
(name and address of the company where the cargo is located)

On       a letter of protest was sent by  to   
day month year (name of company which sent the protest) (name of company addressed in the protest)

Name of the appointed average agent:

Date of inspection        
day month year

Estimated damages:    
(amount) (currency)

The Insured shall notify the Insurer in case of an action or claim brought against the Insured, within the periods specified in the General Conditions of the insurance contract.

City:

Date:        
day month year

Best regards .....  
(signature and seal)