



Cargo CLAIM NOTIFICATION FORM

NFUM Agency

POLICYHOLDER'S DETAILS

Name of Policyholder:

Contact Name:

Contact Email Address:

Address of Policyholder:

Postcode:

Policy number:

Renewal Date
(DD/MM/YY):

| |

Voyage from:

Destination:

GOODS DAMAGED OR LOST

Estimated value of loss or damage:

£

Description of goods damaged:

Brief description of incident causing loss or damage:

Name and address of those whom you have held responsible
(Carriers must be advised in writing within 3 days of delivery that they are held liable; please attach a copy of this correspondence)

Name:

Email Address:

Postal Address:

Postcode:



DOCUMENTS RELATING TO INCIDENT WHICH CAUSED LOSS OR DAMAGE

Where available please attach these documents as claims settlement cannot progress unless the necessary documentation is provided

Letter holding Carrier responsible	ATTACHED	NOT ATTACHED
Bill of Lading, Air Waybill, or CMR Note	ATTACHED	NOT ATTACHED
Consignment Note	ATTACHED	NOT ATTACHED
Invoice packing list	ATTACHED	NOT ATTACHED
Original Certificate of Insurance	ATTACHED	NOT ATTACHED
Claused Delivery Receipt	ATTACHED	NOT ATTACHED

A clean receipt must not be given where goods are received in damaged or doubtful condition

Date of: (tick as appropriate)	Delivery	Incident	Loss	Damage	DD/MM/YY

INSPECTION OF DAMAGED GOODS

Location address of the goods now:	
	Postcode:
Contact name for inspection:	
Contact telephone number:	Contact email address:

Upon completion please send to London_NFUM_GGR@ajg.com