

FIRST CARGO

CLAIM FORM

Date:

Company _____

Contact person _____

Phone _____

E-mail _____

First Cargo consignment no _____

Customers ref _____

Ship from _____

Shipping date _____

Consignee town _____

Delivery date _____

Separate cargo insurance? YES

NO

Information about the cargo:

weight _____ number of collies _____ Weight/ KG _____

Address where cargo can be inspected _____

Compensation required: (claims should always be validated) _____

Description of the damage/ loss (how much of the load is damaged / lost)

Attached documet:

_ Freight letters _ Pictures _ Comercial invoice _ Invoice of repair costs _ Other _

VIKTIG INFORMATION

Damaged goods must be kept in such manner that damage cannot be worsen. A cargo survey may be requested. (please note that tax for alcohol is not includes in our insurance)

First Cargo Sweden AB responsibilities are regulated in accordance with CMR convention. We therefore recommend that you first consult your own transport insurance company in connection with the establishment of a freight claim.

Full regulations are available www.firstcargo.se

Send to claims@firstcargo.se or

First Cargo Sweden AB

Tel: 031-3542000

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