Verlingue Freight Liability Claim Form

Please complete this form and send on to your Claim Handler or the Claims Team.

The Claims Team details are as follows: Email: newclaims@verlingue.co.uk, or by telephone: 0333 010 0013

Ceneral

Policyholders name and address

Name of customer

Your reference

Contractual & Financial Liability (E.g. RHA £1,300 per tonne)

Consignee / shipper

Mode of transport (Air / Sea / Road)

Final destination

Value of the whole consignment

Value of goods damaged / lost

| Value of goods damaged / lost | | |
|---|--|--|
| | | |
| Section B | | |
| Circumstances of the loss and general description of goods lost & damaged | | |
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| Please provide the following documentation | | | |
|---|--|--|--|
| INLAND TRANSIT SENDINGS Commercial Sales Invoice and Packing List if applicable Carriers Collection Note. Final Delivery Receipt, which we trust, has been claused noting the damages/loss. A copy of the correspondence holding the relevant carriers responsible for the damages/loss and any response if received. | ADDITIONAL INFORMATION IN RESPECT OF DAMAGE CLAIMS Photographs of damage Repair estimate(s) – if in house repair please forward worksheets and payroll slips to evidence Labour charge If beyond economic repair – is there any salvage or parts value – if so, please advise | | |
| IMPORTS/EXPORTS SENDINGS □ Commercial Sales Invoice, including the applicable terms of sale (in order to establish which party has the insurable interest at the time of loss) □ Packing List, if applicable. □ The relevant transit documentation, i.e. Bill of Lading, Master Airway Bill, CMR Consignment Note □ Freight Invoice, if applicable. □ Final Delivery Receipt, which we trust, has been claused noting the damages/loss. □ A copy of the correspondence holding the relevant carriers responsible for the damages/loss and any response if received. | THEFT FROM OWN VEHICLES Commercial Sales Invoice/Evidence of value Full details as to where the vehicle was left unattended What security measures on the vehicle were in operation at the time Copy of repair estimate for damages caused to the vehicle Details as to which police station the theft was reported to (full address, and crime reference number) | | |
| Section D Please provide any further information which maybe of use in deciding liability, i.e. security devices in operation / security tags | | | |
| Section E | | | |
| Declaration | | | |

I/we declare that the above statements are true and correct to the best of my/our knowledge and belief.

I/we agree to provide insurers with any further information as they may reasonably request.

I/we understand that Verlingue Limited do not admit liability by the issue of this claim.



Name

Position

Signature

Date