

# CARGO INSURANCE Application



## Is filled in by BTA representative!

Received on: \_\_\_\_\_  
Name, surname of the receiver: \_\_\_\_\_  
Signature: \_\_\_\_\_

Reference number of indemnity claim: \_\_\_\_\_

Insurance policy series: \_\_\_\_\_ Insurance policy number: \_\_\_\_\_

## Applicant:

Name, Surname: John Doe Personal No: 18056422222  
Address: Wilhelmstrasse 49/15 G Berlin, Germany Phone: +49 12346 789  
e-mail: john.doe@gmail.com

## Information about the accident:

thievery  as a result of a traffic accident  damaged cargo delivered  other: \_\_\_\_\_  
(detailed explanation)

## Established cargo damage or loss:

Date: 01.11.2010 Time: 17:00 Place (address): Sutkunai, Saulai-Jelgava road A12, Lithuania

Carrier (when more than one, specify all): Ltd. Thecompany  
(name, address, phone)

Forwarder, if assigned: SIA ABC, Abrenes iela 1, phone. 1234567  
(name, address, phone)

Name of the cargo, its brief description: Electric equipment – LED TV sets

Description of damage: Dented packaging, resulting in damage of LED TV sets, 10 pcs

Amount of loss: 1500 EUR  
(when known)

## The underlying notified:

Public institutions: 1 Traffic police Date: 01.11.2010 Time: 17:10  
(specify – which)

2 \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(specify – which)

Other persons: 1 Consignee Date: 01.11.2010 Time: 17:15  
(specify – which)

2 \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_  
(specify – which)

Witnesses of the Accident: 1 \_\_\_\_\_  
2 \_\_\_\_\_  
(if it is known, please mention name, surname, personal code, address, phone number)

Description of incident-related facts (Detailed accident description in chronological order. If necessary, attach a separate sheet):

Driver from Ltd. Transport had to sharply brake so the cargo got damaged. Claim was submitted to carrier.

## Applicant:

Name, Surname: John Doe  
Signature: \_\_\_\_\_  
Date: 5.11.2010

