

Send to: Länsförsäkringar Corporate Insurance Marine Claims Department S-106 50 Stockholm Sweden	
Phone no +46 8 588 400 00	Fax no +46 8 670 48 32

Reporting company:	
Phone no	Fax no

Name of insured		Policy no	
Type of goods/item		# of crates/items	Weight
Means of transport		Carrier	
Departure date	From (port of shipment)	Term of delivery	
Arrival date/ETA	Transshipment port(s), destination (port of discharge)		
Notification to carrier (date, please state whether notice was in writing or not)		Freight costs	Invoice value

Nature of loss (describe what has happened and how severe the damages are)
- Please also state whether the damaged goods have any residual value.

Final claim

- If you already know the full extent of the claim:

Amount	Currency
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Please enclose the following documentation (if available):

- Commercial invoice
- Notice of claim to the carrier
- Photographs
- Bill of lading/freight note
- Freight invoice
- Invoice for the replacement delivery

If you have any other documentation related to this claim that you think may be important, please attach that too!

Pay compensation to	Account number	Bank, SWIFT Code
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Signature

Place and date	Signature	Name (please type)
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