



**AKTIV ASSEKURANZ**  
Makler

**Claim notification policy no.:** .....

**Speditions-Global-Police (SGP)**

**Transportversicherungsschein-Plus-Pro (TVS-Plus-Pro)**

Policy holder:

Name

Postal code/City

Claim number:

Please state YOUR claim number or reference!

Date/Claim amount:

↓ Order date:

↓ Claim date:

Claim amount (first reserve):

(dd.mm.yyyy)

(dd.mm.yyyy)

€

Claim:

Do you have any objections against the claim?

Yes

No

Responsibility for claim:

Own

Others

Party causing claim:

Name, address

Claimant:

Name, address

Principal (orderer):

Name, address

Cause of damage:

Exceedance of delivery time

Partial loss of goods

Others

Damage to goods

Total loss of goods

Legal basis of claim:

ADSp

Customs liability

CMR

Marine cargo insurance

HGB

Warsaw/Montreal Convention

Special agreement (please attach the contract)

**Only for TVS-Plus-Pro claim notification**

Was transport premium charged?

Yes

No

Amount:

€

Description of events leading to damage:

(statement absolutely necessary!)

**Important! The following information/documents must always be submitted:**

claim invoice	proof of value	proof of receipt of goods	delivery receipt
- information about claim - information about weight of damaged goods	freight papers (if issued)	survey report (if claim is larger than 2.500 €)	causer of damage (with exact address)

**All questions have been answered completely and truthfully by:**

Name of employee:

Phone: +

Fax: +

E-Mail: @

Date/Signature: