Chubb Insurance (Switzerland) Limited
Bärengasse 32
CH-8001 Zürich
T:+41 (0)43 456 76 00
F:+41 (0)43 456 76 01
Claims.switzerland@chubb.com

Transport Insurance
Claim Form

The documents listed below (preferably originals) must be enclosed with the claim form so that the claim can be processed.

Please select the enclosed documents:

- ☐ Insurance certificate
- ☐ Commercial invoice (sale/purchase)
- ☐ Packing list/weight list
- ☐ Transport, forwarding order
- ☐ Preliminary claims to the carrier
- ☐ Response of the responsible carrier
- ☐ Bill of lading/air waybill/CMR consignment note/delivery note
- ☐ Incident report
- ☐ Confirmation of loss/damage report
- ☐ Application for tracing by the Post Office/ compensation by the Post Office
- ☐ Police report
- ☐ Other documents (correspondance/photos etc.)

Details about insured

Policy no./registration no.	
Surname, first name/company	
Address/post code/town	
Tel./fax	
e-mail/contact	
Name/address of bank	
Account no./clearing no.	

Details about the injured party

Surname, first name/company	
Address/post code/town	
Tel./fax	
Contact	

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Information about consignment

Description of merchandise

Number of items/weight						
Packaging type						
Merchandise value (currency)				**Damage amount (currency)**		
Means/type of transport	truck ☐	ship ☐	airplane ☐	post ☐	courier/express service ☐	other ☐
Delivery terms	CIF ☐	CFR ☐	DDU ☐	FOB ☐	CIP ☐	other ☐

Details of transport route

Consignor	
Consignee	
Shipping/delivery location	
Shipping/delivery date	
Who loaded/stowed/unloaded the merchandise?	

Trade fairs and exhibitions

Name of trade fair	
Town	
Duration (from/to)	

Description of how damage occurred

Date of damage	**Location of damage**
Description of claim event	
Name/address where the merchandise can be viewed	
Name/address of agent of damage	

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General information

Was the damage noted on the delivery documents?	Yes ☐	No ☐
If not, why not?		
Was a preliminary claim issued to the carrier?	Yes ☐	No ☐
Have authorised representatives of the carrier appraised the damage?	Yes ☐	No ☐
Name of carrier's independent assessor		
Where is the damaged merchandise being held?		
If a police report has been created, please state the responsible office		
Is this damage covered by any other insurance policy?	Yes ☐	No ☐
Name/address		

Chubb is authorised by the signatory/signatories to process the data generated during processing of the claim. Chubb may pass on data in the required scope to third parties involved in the contract in Switzerland and abroad, especially to co- and reinsurers and to companies forming part of the Chubb.

Furthermore, Chubb is authorised to obtain claim-related information from official agencies and third party and to view both official and court files. This authorisation applies independently of the acceptance of the claim.

Chubb is also authorised in the event of a recourse to a liable third party to pass on the data required for assertion of the claim for recourse to the liable third party or its liability insurer.

The signatory/signatories has/have the right to obtain information about the processing of data concerning themselves. Such consent may be withdrawn at any time.

Place and date

Company stamp / Signature(s)

Send form

Chubb. Insured.℠