## **Multimodal Transport Cargo Damage Claim**

| Claimant Information         |
|------------------------------|
| Company Name                 |
|                              |
| Contact Person               |
|                              |
| Email                        |
|                              |
| Phone                        |
|                              |
| Address                      |
| Auditess                     |
|                              |
| Consignment Details          |
| Bill of Lading / Waybill No. |
|                              |
| Date of Shipment             |
|                              |
| Place of Receipt             |
|                              |
| Place of Delivery            |
|                              |
| Cargo Details                |
| Description of Goods         |
| Description of Goods         |
|                              |
| Number of Packages           |
|                              |
| Weight / Volume              |
|                              |

| Date and Place of Damage  |  |
|---------------------------|--|
|                           |  |
|                           |  |
| Description of Damage     |  |
|                           |  |
|                           |  |
|                           |  |
| Estimated Amount of Claim |  |
|                           |  |
|                           |  |
|                           |  |
| Additional Remarks        |  |
|                           |  |
|                           |  |
|                           |  |
|                           |  |