

notification of damage <input type="checkbox"/> carrier's liability insurance <input type="checkbox"/> cargo insurance		Your claim ref.no.:	
		asko ref. no.:	
to asko assekuranzmakler GmbH Egerbach 58a AT-6334 Schwoich Tel. +43 (0) 5372 / 6 24 60 Email: a-info@asko24.com		policyholder (name, address and email)	
Direct correspondence with claimants allowed? yes <input type="checkbox"/> no <input type="checkbox"/>		policy no.:	
		certificate no.:	
principal		claimant	
consignor		causer of damage	
consignee		type of damage <input type="checkbox"/> partial / total loss <input type="checkbox"/> damage <input type="checkbox"/> cash on delivery fault <input type="checkbox"/> inventory difference <input type="checkbox"/> delay <input type="checkbox"/> other:	
damage area <input type="checkbox"/> transshipment <input type="checkbox"/> storage <input type="checkbox"/> transport <input type="checkbox"/> groupage <input type="checkbox"/> transport by own vehicle <input type="checkbox"/> other:			
estimated claim amount in EUR:		regress possible? yes <input type="checkbox"/> no <input type="checkbox"/>	
weight of damaged/lost goods (kg):		date of initial appeal:	
type of goods:		value of goods (EUR):	
date of consignment:	consignment no.:	date of consignment:	
date of order:	date of service	date of order:	
transshipment yes <input type="checkbox"/> no <input type="checkbox"/>	loaded by <input type="checkbox"/> principal <input type="checkbox"/> driver <input type="checkbox"/> both		
without remarks? yes <input type="checkbox"/> no <input type="checkbox"/>	unloaded by <input type="checkbox"/> principal <input type="checkbox"/> driver <input type="checkbox"/> both		
consignment weight (kg):	number of items:		
claims adjuster commissioned? <input type="checkbox"/> yes, name / ref.:	<input type="checkbox"/> no	police involved? <input type="checkbox"/> yes (please add report)	<input type="checkbox"/> no
Description of claim (please add attachment if needed):			
objections against the claim? <input type="checkbox"/> yes (if yes, please describe objections) <input type="checkbox"/> no			
details about the share of the claim The insurers are entitled, but are not obliged, to assert the share of claims for us on their own behalf. (if no, delete)		attachments	
place	date	<input type="checkbox"/> damage report <input type="checkbox"/> proof of delivery <input type="checkbox"/> transport invoice <input type="checkbox"/> waybill <input type="checkbox"/> transport order <input type="checkbox"/> survey report <input type="checkbox"/> takeover receipt <input type="checkbox"/> notice of liability <input type="checkbox"/> insurance certificate <input type="checkbox"/> bill of lading <input type="checkbox"/> proof of value <input type="checkbox"/> loading/packing list <input type="checkbox"/> other (e. g. delivery invoice)	
signature			