

Accident Report <input type="checkbox"/> CMR-Insurance <input type="checkbox"/> Cargo-Insurance		asko-claim-no.	
To Asko Assekuranzmakler GmbH Egerbach 58 a A-6334 Schwoich ☎ +43 (0) 5372 / 6 24 60 ☎ +43 (0) 5372 / 6 24 24 Email: a-info@asko24.com www.asko24.com		Insurance Holder (name, address and e-mail) Policy-no.:	
Is it possible to correspond directly with opposite parties: yes <input type="checkbox"/> no <input type="checkbox"/>		Your claim-no.: Certificate-no.:	
Customer: (name / city)		Claimant: (name / city)	
Sender: (name / city)		Damaging party: (name / city)	
Recipient: (name / city)		Type of damage: <input type="checkbox"/> partial loss / total loss <input type="checkbox"/> damage <input type="checkbox"/> cash on delivery <input type="checkbox"/> inventory difference <input type="checkbox"/> exceeding delivery time <input type="checkbox"/> other	
Area of Damage: <input type="checkbox"/> handling <input type="checkbox"/> warehouse <input type="checkbox"/> transport <input type="checkbox"/> part load <input type="checkbox"/> own responsibility <input type="checkbox"/> other			
Probable claims amount in EUR:		Regress possible? yes <input type="checkbox"/> no <input type="checkbox"/>	
Weight of damaged/lost goods (kg):		Date of prime reclamation:	
Type of goods:		Value (EUR):	
Date of dispatch:	Dispatch-no.:	Date of damage:	
Date of order:	Date of delivery:	Number plate truck:	
Transshipment? yes <input type="checkbox"/> no <input type="checkbox"/>	Loading by: <input type="checkbox"/> customer <input type="checkbox"/> driver <input type="checkbox"/> both		
Clear paperwork? yes <input type="checkbox"/> no <input type="checkbox"/>	Offloading by: <input type="checkbox"/> recipient <input type="checkbox"/> driver <input type="checkbox"/> both		
Weight of shipment (kg):	Number of colli:	Police contacted? <input type="checkbox"/> yes (enclose report)	
Surveyor? no <input type="checkbox"/> yes <input type="checkbox"/> name and reference		<input type="checkbox"/> no	
Damage description (if applicable please enclose separate attachments): 			
Exception against the claim: yes <input type="checkbox"/> (if yes, please explain the exception) no <input type="checkbox"/>			
Statement for the deductible: The insurers are entitled, but not obliged, to claim the deductible for us in his own name. (if not, discard)		Attachments: <input type="checkbox"/> delivery receipt <input type="checkbox"/> claim report <input type="checkbox"/> way bill / CMR <input type="checkbox"/> forwarder invoice <input type="checkbox"/> survey report <input type="checkbox"/> order confirmation <input type="checkbox"/> liability bearing <input type="checkbox"/> pick up note <input type="checkbox"/> bill of lading <input type="checkbox"/> insurance certificate <input type="checkbox"/> cargo / packing list <input type="checkbox"/> commercial invoice <input type="checkbox"/> claim invoice <input type="checkbox"/> further	
City:	Date:		
Signature:			