

CLAIM FORM

DETAILS OF THE PERSON OR ENTITY SUBMITTING THE COMPLAINT*	
NAME	
COMPANY NAME/NIP	
CORRESPONDENCE ADDRESS	
PHONE MUNBER	
E-MAIL ADDRESS	
SUBMISSION DATE	
IDENTIFICATION DETAILS OF CLAIMED SERVICE*	
CMR/BL/AWB NUMBER (OTHER TRANSPORT DOCUMENT)	
TRUCK NUMBER	
THE DATE AND TIME OF THE EVENT	
MODE OF TRANSPORT	
REASON FOR THE CLAIM	
JUSTIFICATION OF CLAIM	
DESCRIPTION OF THE ATTACHED COPIES OF THE DOCUMENTS	