Customer Claim form

All claims are handled in accordance with the applicable laws and regulations governing the transport in question. Please note that, as the claimant, you are responsible for substantiating your claim for compensation. For further information, visit www.ntex.com.

Damaged cargo	☐	Loss of cargo	☐	Late delivery	☐	Other	☐
NTEX Booking number				Waybill number			
Customer reference				Bill of lading (B/L)			
Shipper				Shipping date			
Consignee				Date of delivery			
Incoterms				Other reference			

Do you have a cargo insurance policy for this transport?					
☐	Yes, NTEX Cargo Insurance	☐	Yes, at	☐	No

Shipment information				**Claim information**			
Goods ref.		Collies		Article #		Collies	
Container #		Weight		Type of goods		Weight	

Detailed claim information	
	Please also attach: *Commercial invoice* *Photos of damage* *Photos of wrapping* *Copy of waybill*

Address and contact information for possible survey		Yes	No
	Remark on waybill	☐	☐
	Repair possible	☐	☐
	Diminution in value	☐	☐
	Total loss	☐	☐

Net value of the goods		**Claimed amount**		**Currency**	

Contact information			
Name:		E-mail:	
Phone number:		Date:	

NTEX AB Head office
Arendal Skans 7
Box 8702
SE-40275 Göteborg
Tel +46 (0) 31-727 85 00

NTEX Claims Department
Telefonvägen 30
SE-12626 Hägersten
claims@ntex.com

Trust and care.
All the way