

### Claim compensation request form

Filled in by the customer

Filing date of claim / Claim number			
Applicant name, surname/ Company name			
Company registration number			
Company legal and office address			
Customer 's bank details			
Consignee (shipment receiver) name, delivery address			
<b>Shipment number</b>			
Shipment shipping date			
Claim type (mark the appropriate)	<input type="checkbox"/> Fully damaged shipment <input type="checkbox"/> Fully lost shipment <input type="checkbox"/> Late delivery <input type="checkbox"/> Damaged part of shipment <input type="checkbox"/> Lost part of shipment <input type="checkbox"/> Other problem		
Total weight of shipment kg			
Weight of damaged / lost content kg			
Damaged / lost item name, type, number of units			
Total value of shipment content, EUR			
Lost /damaged content value, EUR			
Documents certifying the value and substantiation of claim(mark the appropriate)	<input type="checkbox"/> Consignment note / invoice <input type="checkbox"/> Damage report <input type="checkbox"/> Inventory report <input type="checkbox"/> CMR document <input type="checkbox"/> Manifest <input type="checkbox"/> Estimated cost of repair from certified company <input type="checkbox"/> Photos <input type="checkbox"/> Other documents		
Notes			
Calculation of claim amount in EUR (Mark the appropriate)	<input type="checkbox"/> Value of lost / damaged items _____EUR <input type="checkbox"/> Delivery costs _____EUR		
<b>Total claim amount, EUR</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Amount of claim in words</td> </tr> </table>		Amount of claim in words
	Amount of claim in words		
<b>Please refund the above amount by making a transfer to the account</b>	<i>CLAIMANT (Applicant)</i>		
	Name, Surname		
	Job title		
	Signature		

Filled in by Itella Logistic SIA

Claim registration date at Itella Logistic SIA	Date	Claim number		
Answer with claim decision has been provided	Date	send to following Customer e-mail address		
Results and findings of the claim Investigation				
Discount for shipping costs using transport service bill, EUR				
Accepted amount of claim compensation, EUR	<table border="1" style="width: 100%;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">Amount of compensation in words</td> </tr> </table>			Amount of compensation in words
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Payment made (for)				
Itella Logistic SIA / responsible employee role and signature				