Cargo claim form

Send to:
Länsförsäkringar AB (publ)
BA Financial Lines & Reinsurance
Marine Cargo & Liability
106 50 Stockholm, Sweden
Phone: +46 8 588 410 05
E-mail: marineclaims@lansforsakringar.se

Policy holder

Name	Corporate registration number
Address	Policy number
Postcode and city	Phone number
Reference / Contact	
E-mail address	

Type of goods/item		Number of parcels	Weight
Means of transport		Carrier/forwarder	
Departure date	Place of dispatch	Terms of delivery	
Arrival date	Place of delivery		
Notification to carrier (date, please state whether notice was in writing or not)		Freight costs	Invoice value

Cause of damage

☐ Traffic/road accident	☐ Damage during loading	☐ Partial loss	☐ Temperature variations
☐ Theft	☐ Damage during unloading	☐ Goods was not received	☐ Water damage
☐ Insufficient stowing/securing	☐ Breakage/reckless handling	☐ Delay/misdirection	☐ Other _____

Nature of loss (describe what has happened and how severe the damage is)

State whether the damaged goods has any depreciated value

Please, enclose the following documentation (if available):

- Commercial invoice
- Bill of lading/freight note
- Photographs
- Notice of claim to carrier
- Freight invoice

If you have any other relevant documentation related to this claim, please attach.

Claim for compensation (if known)

Claim amount Currency	Currency	IBAN/Bank account

Place and date	
Name	E-mail

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