# **DB** SCHENKER

Reporting claims through public eClaims platform

## Use the "Find Complaint" widget at dbschenker.com/pl-en

1. Go to the home page at www.dbschenker.com/pl-en and select the three dots icon at the bottom right of the screen and then the "Report claim" option.

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#### 2 Complete the required data in the form.

Enter the data required to register a claim in the appropriate fields.

1. type of service/business (land, air, sea).

2. shipment number (waybill number for domestic shipment or STT number for international shipment)

3. type of packaging and code of the goods being transported

4 Indicate your role in the transportation process (whether you are the shipper, consignee, or perhaps a third party).

5 Complete the field regarding the circumstances of the damage and the goods transported.

1 Transport	2) Claim	Customer	Claim Summany	X Can
Type of Service 1		•	Type of Transport Mode Road	STT Number POZ3 42
			Goods Code Paper, Foil, and other goods on rolls	Waybill Number 108 319
Tracking Number 10 319 2	STT Number PO7 742		Packaging Type Pallet	What is your role in the transport?
Waybill Number LOE 319	Package Id			Sender
Packaging Type Pallet	Goods Code Paper, Foil, and other goods	on rolls	The goods being transported on a pa	llet were damaged. Goods scratched, damaged pa.
our Shipment Reference	Article Numbers			
nat is your role in the transport?	Sender      Receiver (	Third Party		
oods Related Information he goods being transported on a pallet were dam	naged. Goods scratched, damaged packaging. The	goods are not suitable for resale.		
_				

- 6. Indicate the date the loss occurred
- 7. Indicate the amount and currency of the claim.
- 8. select the **type of loss** and the reasons for the loss from the list.

#### 9. Optionally provide additional information, such as the number of damaged items

10. accurately describe the claim in the "Claim Information" field.

Create Claim				
0	2	3		X Cancel
Transport	Claim	Customer	Claim Summary	
E 22.01.2024 6	Claimed Amount 1500	Currency EUR	Type of Transport Mode Road	STT Number PO '42
Type of Loss Damage - Obvious	8 Reason for Loss Scratches		Goods Code Paper, Foil, and other goods on rolls	Waybill Number 108 319
Your Claim Reference	Cargo Insurance via Schenkez Unknown	•	Pallet Claimed Amount 1500 EUR	22.01.2024 Type of Loss Damage - Obvious
Damaged Pieces	Damaged Weight	A Y	Reason for Loss Scratches	Cargo Insurance via Schenker Unknown
	Yes No	Unknown	What is your role in the transport? Sender	Is there a record of the damage on the delivery note? Unknown
Is there a record of the damage on the delivery note? Refund Freight Charges	$\circ$ $\circ$		Refund of VAT	Refund Freight Charges
Refund of VAT	$\circ$		140	NO
Claim Related Information Claim Related Information The packaging of the delivered shipment is scratched. It is not possible to resell the goods. The cost of the goods is 1500 EUR Sett1			Goods Related Information The goods being transported on a pallet were damaged. Goods scratched, damaged pa Claim Related Information	
Supporting Documents Commercial Invoice Packing List Claim Invoice C	Photos		The packaging of the delivered shipme	ent is scratched. It is not possible to resell the go

### 11. Add files with the required documents or photos.

lefund of VAT	$\bigcirc$ $\bigcirc$	
Claim Related Information The packaging of the delivered shipmen	is scratched. It is not possible to resell the goods. The cost of the	goods is 1500 EUR Sett1
upporting Documents		
Commercial Invoice 🕜 Packing List	🕑 Claim Invoice 🛛 🕑 Photos	
	Uplead a File Drag and drop your file here Maximum file upload is 10MB Maximum file name: 100 characters Accepted file types: (doc docx jpg jpeg pdf ppt png pptx tif tiff txt xls xlsx)	
cent Upload (max. 30 items)		
Schenker Claim.xlsx		8
Schenker_Claim_Photo.jpg		8
Schenker_Claim_file.txt		8
—		
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Remember the restrictions of the files you add regarding the number and size of attachments.

12. enter your **company name**.

#### Enter the Tax Identification Number (VAT Number).

#### 14. enter the **address** of the registered office

15. fill in the e-mail address along with the details of the person authorized to file a claim. To the e-mail address will be directed a summary of the complaint filed and correspondence from DB Schenker on the subject of the complaint.

16 Indicate **the number of the bank account** to which compensation for an accepted Claim is to be transferred.

Claim Summary			
Please specify customer type           Ompany         Private		Customer type Company	Company Name Company Name
Company Name		First Name Jane	Last Name Truck-Driver
SAP Account	VAT 10 PL1234567890	Email Address Jane.Truck-Driver@YourMailDomain.eu Postal Code 05-500	Street & House No. Logistics 7 City Plaseczno
Street & House No. Logistics 7	Portal Code 05-500	Country Poland	VAT ID PL1234567890
Country Poland -	Cny Piaseczno	EUR1122223333444455556666 STT Number P07 742	Road Goods Code Paper, Foll, and other goods on rolls
First Name Jane	Last Name Truck-Driver	Waybill Number 10f 319 Loss Date 22.01.2024	Packaging Type Pallet Claimed Amount 1500 EUR
Email Address Jane.Tuuck-Driver@YourMailDomain.eu		Type of Loss Damage - Obvious Cargo Insurance via Schenker	Reason for Loss <b>Scratches</b> What is your role in the transport?
In case of eventual indemnification please choose one of following options:  Customer Account  Bank Account  IBAN  EUR1122223333444455556666		Unknown Is there a record of the damage on the delivery note? Unknown Refund Freight Charges No	Sender Refund of VAT No
Bank Account & Bank Identifier (BIC/SWIFT)		Goods Related Information The goods being transported on a pallet wer Claim Related Information The packaging of the delivered shipment is s	e damaged. Goods scratched, damaged packaging. The cratched. It is not possible to resell the goods. The cos

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Submit

After completing all the data, confirm your desire to submit a claim with the "Submit" button. If all the required fields have been completed, the system will display information about the submission of the claim.

