

Complaint form

Customer claim

Schenker A/S Attention:		Customer ref.	
		Schenker claim no.	
		Schenker ref. no.	

Company name:			
Address:			
Phone/E-mail:			
Consignee/:		Consignor:	
Destination:		Place of dispatch:	
Shipping date:	Date of receipt:	Date of discovery of:	Damage <input type="checkbox"/>
			Manco /Loss <input type="checkbox"/>
			Colli id:
The entire shipment	Packages:	Weight	Goods description:
Damage <input type="checkbox"/>	Packages:	Weight	Goods description:
Manco <input type="checkbox"/>	Packages:	Weight	Goods description:
Loss <input type="checkbox"/>	Packages:	Weight	Goods description:
Are the goods insured?		NOTE Please await information of a possible inspection before starting any repair. Damaged goods not to be destroyed without Schenker's acceptance.	
Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Insurance company:			
Description of damage / depreciation / loss:		Packing material description:	
Claimed amount:			
Damage to packing material?		Documentation to Schenker (mandatory):	Consignment note <input type="checkbox"/>
Yes <input type="checkbox"/>	No <input type="checkbox"/>		Commercial invoice <input type="checkbox"/>
			Other documents <input type="checkbox"/>
Action proposals, e.g., repair, replacement, and estimated costs:			
After Schenker's admission to pay compensation, the amount to be transferred to:		Reg. no.:	Account no.:

The undersigned confirms that the above information is complete and correct.

Claim received by Schenker A/S

Date/place:

Date:

Name of complainant:

Name:

Signature:

Signature:

Comments: