

Complaint form

Customer claim



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

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company name: | |  | | | | | | | | |
| Address: | |  | | | | | | | | |
| Phone/E-mail: | |  | | | | | | | | |
| Consignee/: | |  | | | | Consignor: | | |  | |
| Destination: | |  | | | | Place of dispatch: | | |  | |
| Shipping date: | | Date of receipt: | | Date of discovery of: | | | Damage | |  | |
|  | |  | |  | | | Manco /Loss | |  | |
| Colli id: | |  | |
| The entire shipment | | Packages: |  | Weight |  | | Goods description: | |  | |
| Damage |  | Packages: |  | Weight |  | | Goods description: | |  | |
| Manco |  | Packages: |  | Weight |  | | Goods description: | |  | |
| Loss |  | 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 | | No | |
| Insurance company: | |  | | | | | | | | |
| Description of damage / depreciation / loss: | | | | | | Packing material description: | | | | |
| Claimed amount: | | | | | |  | | | | |
| Damage to packing material? | | | | Documentation to Schenker (**mandatory**): | | | | Consignment note | |  |
| Yes | | No | | Commercial invoice | |  |
| Other documents | |  |
| 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.: | | | | |
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| ***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: |  | | |