

Alfa Vienna Insurance Group Biztosító Zrt.
1091 Budapest, Üllői út 1.

Website: www.alfa.hu

I. POLICY DETAILS

Policy number:

II. INFORMATION ABOUT THE INSURED

Family name: first name:

Address:
post code: town/city:

street/square: number: floor: door:

Name of Person in charge (PIC) at the Insured:

E-mail address of the Person in charge:

Telephone number of Person in charge:

III. DETAILS OF THE CLAIMANT IF IT IS DIFFERENT FROM THE INSURED

Family name: first name:

Address:
post code: town/city:

street/square: number: floor: door:

Name of Person in charge (PIC) at the claimant:

E-mail address of the Person in charge:

Telephone number of Person in charge:

IV. CLAIM DETAILS

Date of claim if known: (day/month/year) Date when the claim was recognized: (day/month/year)

Claimed amount: Please indicate currency:

Type of claim: ☐ Fire ☐ Self-combustion ☐ Lightning/earthquake/storm ☐ Accident ☐ Breakage ☐ Theft ☐ Robbery ☐ Pilferage ☐ Non-delivery
☐ Other:

Short description of claim: (Please attach a separate document if there is no enough space to describe your claim)

V. DOCUMENTS ATTACHED TO THE CLAIM (Please tick if attached.)

- ☐ Notice to the carrier about the damage, which holds them responsible for the claim. (As a claimant you have to reserve your rights against the carrier or forwarder, as the Insurer – following the payment of your claim – may file a claim against the carrier(s) or the carrier(s).
- ☐ Reply of the carrier or forwarder to your claim if any.
- ☐ Police report or correspondence with authorities in connection with the claim if any.
- ☐ Copy of the commercial invoice.
- ☐ Photographs of damaged cargo and packing.
- ☐ Detailed claim invoice which corresponds with the submitted commercial invoice and packing list.
- ☐ Police report or correspondence with authorities in connection with the claim if any.
- ☐ Copy of transport order.

Date: day month year

Signature