



UNIQA neživotno osiguranje a.d.o.
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Osiguranje
robe u prevozu

Prijava
štete
Cargo Claim Form

Ugovarač osiguranja /
Policyholder

<input type="text"/> Naziv / Name	<input type="text"/> Broj polise / Policy number:
<input type="text"/> Adresa / Address	<input type="text"/> PIB VAT

Osiguranik /
Insured

<input type="text"/> Naziv / Name	<input type="text"/> PIB VAT
<input type="text"/> Adresa / Address	
<input type="text"/> Kontakt osoba / Contact person	<input type="text"/>
<input type="text"/> E-mail / E-mail	<input type="text"/> Telefon / Telephone
<input type="text"/> Naziv banke / Bank name	<input type="text"/> SWIFT / SWIFT
<input type="text"/> Adresa banke / Address of bank	<input type="text"/> Broj računa / Account number

Podaci o transportu /
Transportation Data

<input type="text"/> Podaci o robi - pakovanje, broj koleta, težina / Description of goods - packaging, no of collets, weight	<input type="text"/> Vrednost pošiljke / Value of goods		
<input type="text"/> Mesto i vreme otpreme / Place and date of departure	<input type="text"/> Mesto i vreme dopreme / Place and date of arrival		
<input type="checkbox"/> Način prevoza / Mode of conveyance	<input type="checkbox"/> Kamion / Truck	<input type="checkbox"/> Pomorski / Sea vessel	<input type="checkbox"/> Rečni / River vessel
<input type="checkbox"/> Poštanski / Parcel post (courier)	<input type="checkbox"/> Avionski / Aircraft	<input type="checkbox"/> Železnički / Train	<input type="checkbox"/> Kombinovani / Multimodal
<input type="text"/> Paritet - INCOTERMS / Terms of delivery - INCOTERMS			

Podaci o šteti /
Claim Data

Opis oštećenja. Uzrok, vrsta štete i obim oštećenja / Description of damage. Cause, type and extent:

Lokacija oštećene robe i kontakt osoba / Location of the damaged goods and contact person

<input type="text"/> Procenjeni iznos štete / Estimated claim amount	<input type="text"/> Datum nastanka štete / Date of loss occurrence	<input type="text"/> Ko je odgovoran za štetu? / Who is responsible for causing loss or damage?
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Da li je na potvrdi o prijemu pošiljke u trenutku preuzimanja unešena primedba o stanju/ oštećenju/ gubitku pošiljke ili je napravljen zapisnik o zajedničkom pregledu? / Were comments made on delivery receipt, noting the condition/damage/ loss of the shipment or joint survey conducted at the time of arrival?

 Da
 Ne

Komentar / Comments

Da li je vozaču upućen prigovor/ zahtev za naknadu štete? / Was notice of loss/claim for indemnity written to carrier?

 Da Ne
Komentar / Comments

Prilog /
Enclosures

<input type="checkbox"/> Polisa/sertifikat Policy/Certificate	<input type="checkbox"/> Izveštaj o pregledu Survey report	<input type="checkbox"/> Faktura i paritet / Commercial invoice & Terms of delivery	<input type="checkbox"/> Otpremna specifikacija / Packing list	<input type="checkbox"/> Way bill, B/L, airway bill, CMR note
<input type="checkbox"/> Izveštaj o zajedničkom pregledu / Joint Survey report with Carrier or his representative	<input type="checkbox"/> Kopija protesta prevozniku Copy of notification of loss to carrier	<input type="checkbox"/> Zapisnik policije Police report		

Osiguravač može zahtevati dopunu dokumentacije u zavisnosti od predmeta osiguranja, uzroka štete i drugih razloga. / Insurer may call for other relevant correspondence/ documents depending on the items insured, the cause of the loss or one of many other reasons.

Napomena: Podnosilac prijave štete svojim potpisom potvrđuje da su svi podaci o ovom štetnom događaju istiniti i tačni.
Note: Claim applicant confirms with his signature that all information about this loss occurrence is true and correct.

Potpis korisnika osiguranja

Mesto

Datum