**claim form regarding cargo damage**

Claimant’s information

|  |  |
| --- | --- |
| First name and surname: |  |
| correspondence address: |  |
| telephone number/fax: |
| company’S name: |
| email address: |

Details

|  |  |
| --- | --- |
| Date and time of incident: | warehouse declaration: |
| description of cargo:  |
| the amount requested: |
| reason for complaint/intervention: …………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
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| the following documents have been attached to the application: |
| 1. Statement confirming the incident in cfs
2. ………………………………………
 | 1. …………………………………………………
2. …………………………………………………
3. …………………………………………………
 |

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| Claimant’s requests:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
|  |
| **NOTE**: Baltic Hub Container Terminal Sp. z o.o. is entitled to request additional documents. Missing attachments must be sent within 14 days from the date of notification. Without sending a/m documentations Baltic Hub Container Terminal Sp. z o.o. is entitled to refuse to consider the complaint. |
| Providing of these data is voluntary, but necessary for the purpose of data processing. There is a link at which you may find a specification of information related to the processing of personal data: [EN-Informacja-Dotyczaca-Przetwarzania-Danych-Osobowych.pdf (dctgdansk.pl)](https://dctgdansk.pl/wp-content/uploads/2023/02/EN-Informacja-Dotyczaca-Przetwarzania-Danych-Osobowych.pdf) |

completed by the claims team

|  |  |
| --- | --- |
| date of decision: |  |
| /decision regarding claim: |  Accepted Accepted in part of…………. Rejected |