**claim form regarding damage to mean of transport**

Claimant’s information

|  |  |
| --- | --- |
| First name and surname: |  |
| correspondenceaddress: |  |
| telephone number /fax: |
| Company’s name: |
| email address: |

Details

|  |  |
| --- | --- |
| date and time of incident: | registration number/ waggon’s no /Vessel.: |
| name and surname of the person involved in the incident: |
| Place of incident: |
| Reason for complaint/intervention:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
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| The following documents have to be attached to the application: |
| 1. invoice confirming the repair
2. Statement confirming the incident
3. ………………………………………….
 | 1. ………………………………………………
2. ………………………………………………
3. ………………………………………………
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| Claimant’s requests:……………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………… |
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| **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-Information related to the processing of personal data.pdf (baltichub.com)](https://baltichub.com/storage/uploads/b7984899-5ae2-4eaa-bcdc-a5beec20304a/EN--Informacja-Dotycz%C4%85ca-Przetwarzania-Danych-Osobowych.pdf) |

completed by the claims team

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