

Itella Estonia OÜ

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 Date:

 **Claim for compensation**

**Claim applicant**

(Company’s) Name:

Address:
Reg. Nr:
Contact person:

Tel. nr / e-mail address:
Bank account number:

Applicant for the claim is: ( ) reciever of the goods, ( ) sender of the goods

Fill only in case the claim applicant isn’t the sender of the goods.

**Sender of the goods**­­­­­­­­­

(Company’s) Name:

Address: ­­­­­­­­­­­­­­­­­­

Contact person:

Tel. nr / e-mail address:

Fill only in case the claim applicant isn’t the reciever of the goods.

**Reciever of the goods**

(Company’s) Name:**­­­­­­­­­­­**

Address:

Contact person:

Tel. nr / e-mail address:

Consignment of the goods

Consignment note nr:
Time of departure: Time of arrival:

The description of the common use of the nature of the goods and commodity code:

|  |
| --- |
|  |

Total weight of the consignment (bruto / neto): kg

Damaged / lost goods weight (neto): kg

Total value of the consignment: currency: EUR

(Part of) damaged goods value: currency: EUR

Reason for making a claim deficience of the goods:
( ) loss of goods ( ) damage of goods ( ) hold up

Added documents:
( ) CMR consignment note ( ) bill of the goods ( ) pictures of goods ( ) other

Descriptsion of damaged/missing goods:

Known facts regarding the case:

**Hereby we request for compensation in value: EUR**

Account receivable consists of:

Claim applicant: