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ZA (SN (NL) PR 07) 18 -04

Prijava štete - osiguranje robe u prevozu Cargo Claim Form

OSIGURANIK / INSURED	
Naziv: Name:	Broj polise: Policy number:
Adresa: Address:	PIB: VAT:
Kontakt osoba: Contact person:	Telefon: Telephone:
E-mail: E-mail:	Fax: Fax:
Naziv i adresa banke, SWIFT, broj računa: Name and address of bank, swift code and account number:	

VAŽNO / IMPORTANT		
Podaci o pošiljci (pakovanje, broj koleta, težina): Description of goods (packaging, no of collets, weight):		
Mesto i vreme otpreme: Place and date of departure:	Mesto i vreme dopreme: Place and date of arrival:	Vrednost pošiljke bez PDV-a: Value of goods VAT 0%:
Paritet (INCOTERMS): Terms of delivery (INCOTERMS):		Drugo (molimo navesti): Other (please provide):
CIF <input type="checkbox"/> CFR <input type="checkbox"/> DDU <input type="checkbox"/> FOB <input type="checkbox"/> CIP <input type="checkbox"/>		
Lokacija oštećene robe (adresa, kontakt osoba) Location of the damaged goods (address, contact person):		
Opis oštećenja. Uzrok, vrsta štete i obim oštećenja: Description of damage. Cause, type and extent:		
Datum nastanka štete: Date of loss occurrence:	Šteta vidljiva po prispeću? Was the damage visible on arrival?	
Kada je šteta otkrivena? When was the damage discovered?		
Ko je po Vašem mišljenju odgovoran za štetu? Who is, in your opinion, responsible for causing loss or damage?		
Procenjeni iznos štete: Estimated claim amount:		
Da li je na potvrdu o prijemu pošiljke u trenutku preuzimanja pošiljke 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/YES <input type="checkbox"/> NE/NO <input type="checkbox"/>	Ako nije, zašto? If no, why not?
Da li je vozaču upućen prigovor/zahtev za naknadu štete? Was notice of loss/claim for indemnity written to carrier?	DA/YES <input type="checkbox"/> NE/NO <input type="checkbox"/>	Ako nije, zašto? If no, why not?

PRILOG / ENCLOSURES	
<ul style="list-style-type: none">Polisa/sertifikat (original) / Policy/Certificate (original)Faktura i paritet / Commercial invoice & Terms of deliveryWay bill, B/L, airway bill, CMR noteKopija prijave štete / Copy of notification of loss to carrier	<ul style="list-style-type: none">Izveštaj o pregledu / Survey reportOtpremna specifikacija / Packing listIzveštaj o zajedničkom pregledu / Joint Survey (with Carrier or his representative) report
Navedena dokumentacija je osnovna dokumentacija jer u zavisnosti od predmeta osiguranja, uzroka štete i drugih razloga Osiguravač može zahtevati dopunu dokumentacije. This list of documentation should be viewed as a basic guide list as the items Insured, the cause of the loss or one of many other reasons Insurer may call for other relevant correspondence/documents.	

Ovim izjavljujem da sam prethodno upoznat i izričito saglasan da osiguravač može moje lične podatke, i to: ime i prezime, e-mail adresu i broj telefona, obradivati u svrhu ispitivanja zadovoljstva klijenata - anketiranja, kao i da iste može razmenjivati sa kompanijom Medallia, Ltd. 90 High Holborn, London, WC1V 6XX, sa kojom ima zaključen Ugovor o obradi podataka a radi sprovođenja Projekta analize zadovoljstva klijenata.
I hereby declare that I was informed and I explicitly allow the insurer to process my personal data: name and surname, e-mail and telephone number, for the purpose of customer satisfaction survey, and that it can share them with Medallia, Ltd. 90 High Holborn, London, WC1V 6XX, with which it has entered into a Data Processing Agreement, in order to implement the Project of analysis of clients' satisfaction.

Takode, ovim izjavljujem da sam upoznat i saglasan sa činjenicom da će Društvo primeniti posebne mere opreza u pogledu isplata po ugovoru o osiguranju, ukoliko se utvrdi da je ugovarač, osiguranik ili oštećeno lice subjekt primene međunarodnih sankcija u skladu sa lokalnim propisima, Rezolucijama Ujedinjenih nacija, propisa Evropske unije ili Sjedinjenih Američkih država.
I hereby also declare that I am familiar with and accept the fact that the Company shall take special precautions when it comes to payments set out in the insurance contract if it is established that the policyholder, the insured or the claimant is subject to international sanctions in accordance with local regulations, United Nations resolutions, regulations of the European Union or the United States of America.

Svojom potpisom potvrđujem da osiguravač može kontakt podatke iz ovog dokumenta može obrađivati i u svrhu dostavljanja obaveštenja o svojim aktivnostima i uslugama u vidu brošura, prosepkata, pozivnih sredstava i elektronskih poruka ili na drugi adekvatan način. (NAPOMENA: Ukoliko niste saglasni sa obradom podataka u ove svrhe, molimo da ovaj pasus prectate).
By signing this document I authorize the Company to use my contact details set out in this document in order to send information about its activities and services in the form of brochures, leaflets, calls and emails, or in another appropriate manner.
(NOTE: If you object to your details being used for these purposes, please cross out this paragraph).

Datum / Date

Potpis / Signature

Ime tehničkim slovima / Name in block letters