



Generali osiguranje Montenegro AD Podgorica

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ZA (SN (NL) PR 07) 18-02

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):		
Mjesto i vrijeme otpreme: Place and date of departure:	Mjesto i vrijeme dopreme: Place and date of arrival:	Vrijednost 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 pristizanju? 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?		
Procijenjeni iznos štete: Estimated claim amount:		
Da li je u trenutku preuzimanja pošiljke u potvrdu o prijemu pošiljke unesena primjedba o stanju/oštećenju/gubitku pošiljke ili 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 vozaru upućen prigovor/zahtjev 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)• Izvještaj o pregledu / Survey report• Faktura i paritet / Commercial invoice & Terms of delivery• Otpremna specifikacija / Packing list• Way bill, B/L, airway bill, CMR note• Izvještaj o zajedničkom pregledu / Joint Survey (with Carrier or his representative) report• Kopija prijave štete / Copy of notification of loss to carrier		
Navedena dokumentacija je osnovna dokumentacija jer u zavisnosti od predmeta osiguranja, uzroka štete i drugih razloga Osiguravač može zahtijevati 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.		

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.

Datum / Date

Potpis / Signature

Ime štampanim slovima / Name in block letters