

## BENEFIT APPLICATION

☐ Road Carrier's Third Party Liability insurance    ☐ Freight Agent's Third Party Liability insurance    ☐ Cargo insurance

**Please complete using capital letters**

### INSURER

Given name and surname/Business name \_\_\_\_\_ Personal ID code/Reg. code \_\_\_\_\_ Damage report number (completed by the insurer) \_\_\_\_\_  
Address \_\_\_\_\_  
Phone, fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Workplace \_\_\_\_\_ Occupation \_\_\_\_\_

### AUTHORISED REPRESENTATIVE OF THE POLICYHOLDER

Given name and surname \_\_\_\_\_ Personal ID code \_\_\_\_\_  
Phone, fax \_\_\_\_\_ E-mail \_\_\_\_\_

### NAME OF BENEFICIARY

Please complete if the policyholder is not the insured person

Given name and surname/Business name \_\_\_\_\_ Personal ID code/Reg. code \_\_\_\_\_  
Address \_\_\_\_\_  
Phone, fax \_\_\_\_\_ E-mail \_\_\_\_\_  
Insurance contract number \_\_\_\_\_ Beneficiary's reference number \_\_\_\_\_

**Means of transport**, name, flight number  
and/or registration number of vehicle \_\_\_\_\_

Data of sub-carrier or freight agent  
Name, address, phone, fax, contact person \_\_\_\_\_

### Cargo insurance

Name, address, contact data of the insurer \_\_\_\_\_

### Data of the goods

Total value of the goods \_\_\_\_\_ Value of damaged goods \_\_\_\_\_  
Gross weight of the goods \_\_\_\_\_ Weight of damaged goods \_\_\_\_\_  
Packaging \_\_\_\_\_

Data of the aggrieved party \_\_\_\_\_

Attached documents \_\_\_\_\_

### Route

Point of departure/destination,  
receipt and delivery date of goods \_\_\_\_\_

Time of the event \_\_\_\_\_  
Day, month, year Time Location where event occurred

**EVENT DESCRIPTION** (continue on a separate page, if needed)

**REPORTING OF THE EVENT**☐

Police

☐

Rescue Board

☐

Border Guard

☐

Customs

\_\_\_\_\_  
Day, month, year                      Time                      Location where event occurred

Name, address,  
contact data of the unit

to ERGO Insurance SE

\_\_\_\_\_  
Day, month, year                      Time                      Location where event occurred

Name of representative

Other reporting locations  
(name, address, contact data)

**DAMAGE TO GOODS**

Extent of damages                      Weight of damaged/missing goods (kg)

**OTHER COSTS**

Extent and description of other costs

**FURTHER EXPLANATIONS**

Interim locations and dates of  
loading or unloading the goods

Condition of cargo facilities  
(container, trailer, tank, etc.)

Condition of customs  
and other seals

Other relevant circumstances (activated and functional anti-theft alarm of a vehicle)

**BENEFICIARY'S BANK DETAILS**

\_\_\_\_\_  
Bank's name and code                      Current account number

**SUBMITTING THE APPLICATION**

\_\_\_\_\_  
Day, month, year                      Time                      Location

I confirm the accuracy of the presented data

\_\_\_\_\_  
Name of the person completing the application                      Signature

**RECEIVED**

\_\_\_\_\_  
Day, month, year                      Time                      Location

\_\_\_\_\_  
Name of the person receiving the application                      Signature