**Incident report**

|  |  |  |
| --- | --- | --- |
| Today’s date: \*  Click or tap here to enter text. | Company: \*  Click or tap here to enter text. | Contact person: \*  Click or tap here to enter text. |
| E-mail: \*  Click or tap here to enter text. | Telephone: \*  Click or tap here to enter text. |  |

**Specification of incident**

|  |  |
| --- | --- |
| Date of incident: \*  Click or tap here to enter text. | Description of what have happened: \*  Click or tap here to enter text. |

Please attach pictures of the damage and if possible, also provide details of the reparation.

**Fill in below field if the incident concerns damage or lack of inspection**

|  |  |  |
| --- | --- | --- |
| What have been damaged: \* | Weight: | Id no. (container/ chassis etc): \* |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| Value in undamaged condition:  Click or tap here to enter text. | Estimated cost/invoice for reparation and haulage: \*  Click or tap here to enter text. | |

**Fill in below field if the incident concerns short-shipment or invoice**

|  |  |
| --- | --- |
| Which vessel/train were the containers short-shipped from: \*  Click or tap here to enter text. | Id no. (container/ Chassis etc): \*  Click or tap here to enter text. |
| Invoices number: \*  Click or tap here to enter text. | Requested amount for compensation: \*  Click or tap here to enter text. |

Please attach the original invoice if you request credit and also inform about the reason for the short-shipment.

**Fill in and send this report with relevant documents to APMTDKClaims@apmterminals.com**

In order to handle your case efficiently we need you to provide us all relevant information attached to the incident report. If you provide us more detailed information, we will be able to complete your investigation earlier.

Once we have received your report, we will investigate the case and you will be contacted by us.