

X-Net manual





1 Report the claim on X-Net

To enter X-Net, use one of the following links

DSV ROAD Germany:

<https://xnet.insubiz.dk/default.aspx?id=1&autologin=true&cnr=221888&user=GermanyR&pass=67z5shbb>

DSV Air & Sea Germany:

<https://xnet.insubiz.dk/default.aspx?id=1&autologin=true&cnr=221889&user=Germany&pass=qgrnffu8>

DSV Solutions Germany:

<https://xnet.insubiz.dk/default.aspx?id=1&autologin=true&cnr=221891&user=GermanyS&pass=cduggg1>

Choose the link from where you are reporting the claim.

After using the link you will enter the below page.

DSV

Insights Overview Simplicity | Home | Risk Management | Logout |

Risk Management User: Master login , Company: Russia , last logged in: 20-12-2012

► File claim

File claim

Choose the relevant insurance to file a claim and press next [Next](#)

- ☐ **Property Damage**
Covers filing a property damage insurance claim regarding damage to an insured location and/or content.
- ☐ **Motor**
Covers filing a claim to a motor insurance relating to a damage to or caused by a motorvehicle, i.e. a car, a motorcycle, a moped etc. or e.g. a loss caused by a motorized tool covered by a motor liability insurance.
- ☐ **Liability**
Covers filing a claim relating to a General Liability (GL) claim, Products Liability (PL) claim, Carriers claim, D&O claim etc.
- ☐ **Travel**
Covers filing a claim occurred during travelling.
- ☐ **Personal Accident**
Covers filing a claim under a Personal Accident Insurance.
- ☐ **Employers Liability**
- ☒ **Transport**
Covers filing a claim under a Transport, Marine, Cargo or FFL Insurance.
- ☐ **Contractors Risk (CoR)**
Covers filing a claim under a Contractors All-Risks Insurance.

[Next](#)

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Click next



DSV

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Risk Management User: Master login , Company: Russia , last logged in: 20-12-2012

File claim

File Claim - Transport Insurance

Type claims info and press next [Help](#)

Client No.: 215629 [Tort feasons Tel.](#)

Insured Location/Div.: Russia, OOO DSV Road - Moscow region, Soli

Address/location: During transport / delivery

Incident Date: 20-12-2012 (dd-mm-yyyy)

Time occurred:

Type of Claim: Freight Forwarders Liability - Damage

Contact/Your Name: Rikke Grønborg

Telephone: 004543203635

E-mail address: rikke.groenborg@dsv.com

Description: damaged during transport

Describe what has been damaged: machine

Estimated total loss: 5000

Insured location: choose the local DSV Office

Address/location: where the damage occurred (during transport or unloading)

Incident date: date of when the damage occurred

Time: estimated time of day

Type of claim: damage, total loss

Freight Forwarders Liability refers to claims were there is no cargo insurance via DSV Insurance

Transport is to report claims were a cargo insurance from DSV Insurance applies

Choose WTV for special insurance product

Contact/your contact: Your contact name

Description:

Costcenter: It is mandatory to fill in the job department (e.g. I404FRAFEA for Frankfurt Air Export) for claims to be accepted by CHC. Claims registration with no departments will be rejected.

Please let the job department be the first thing to be entered into the field "description" and prior to any other entries made within this field.

The department can be found in the billing screen in edi and can be derived as follows: "I404" & "BRANCH" & "Dept". For the example below the department would be "I404NUEFES"



Basic Registration | Additional Detail | Routing | Related Shipments | Packing | Pickup | Delivery | Workflow & Tracking | Electronic Messages | **Billing** | Addresses | Brokerage | Doc Data

Invoicing | Profit and Loss | AR Invoices | AP Invoices

Local Client 6403131076 **Overseas Agent** 6402432353

Address | Contact | Invoice Contact | Address | Contact

[1] FABRIKZEILE 21
Tenowo GmbH
Fabrikzeile 21 Hof 95028 DEHQ

[2] UNIT 1207, 12F XIWANG
DSV Air & Sea Co., Ltd
UNIT 1207, 12F XIWANG TOWER DALIAN
116001 CNDLC

Job Desc.:
Status: WRK Hold Reason: Ref: 04981109
Profit/Rev Margin %: 33,85 Profit/Loss Reason:
Branch: NUE Sales Rep: Open Date: 03-JL
Dept: FES Operator: AR Close Date:
Curre Buy Ex Rate Local Client Sell Agent Sell Today's Rate
USD 1,3608 1,2928 1,2928 0,0000
*

CFX %: 5,00 Quote #: CFX %: 5,00

Description of what happened and/or **“CODE01-Register only”**

Special for “Open-and-Close claims”:

Some claims are only for registration when they are uploaded in X-net. However they must be uploaded anyway - just for reporting purpose.

This operational procedure must only be used, when the local freight forwarder receives an invoice from the claimant and in addition in same process have received an accept from the haulier – and the claim can simply be closed by issuing / accepting the financial documents.

If the claim requires any form of claims handling and objective analyse in order to clarify if DSV is liable or not – then it must be uploaded as normal procedure for the claims handling team to handling.

If you want to file an “open-and-close claim” you must follow the below procedure:

All countries are instructed to use **“CODE01-Register only”** – this means for CHC that the claim should only be registered in InsuBiz. The claimants have already been paid, and the subcontractors have already been invoiced, **these two financial documents must be uploaded by you as documentation.**

Estimated loss: The claimed amount towards DSV

Transport

Customer Name:
Customer reference:
Customer credit Info:
Contractor:
Contractor reference*:
Contractor debit Info:
Means of Transport: Unknown
- Container/Trailer No.:
INCO-terms:
Identification:
POL:
POD:
Transport Country:
B/L Date: (dd-mm-yyyy)
Transport start: (dd-mm-yyyy)
Transport reference*:
Commodity: Unknown
Damaged goods in kilo:
SDR:
SDR-rate of exchange:



Customer: The name of the customer who is claiming

Customer reference: reference of the customers

Customer credit info: Customers account number in DSV

Contractor: Name of the haulier

Contractor reference: Reference of the haulier

Contractor debit info: Invoice number for haulier in DSV

Means of transport: Truck, air, ship or rail

Incoterms: DDP, EXW

POL: Port of loading / place of loading

POD: Port of discharge/ place of discharge

Transport country: Country of where the claim is coming

BL date: date the B/L AWB, CMR has been issued

Transport start: Date of where the transport began

Transport reference: Shipping number

Commodity: Choose from the list Furniture, computer/IT equipment

Damaged goods in kilo: State the damaged kg. according to weight limitations.

Claimant	
Name:	Supergros
Address:	Bakkedal 4
Zip Code/Town:	2605 Brøndby
Telephone:	004543203635
Note:	
Liabe party	
Name:	Bring Logistics
Address:	XXXXXX
Zip Code/Town:	XXX XXXX
Telephone:	0045XXXXXX
Note:	
Attachment:	

Claimant: Type name, address for the customer who is claiming

Liabe party: Is to be filled by DSV Personnel

Liabe party is the responsible haulier, airline or shipping line.



Attachment:

Browse...

Title/Description:

Add

No limit in numbers (max. 6 MB per file). Due to the speed of your upload we recommend the file to be within 500 KB.

Files:

Send copy to my E-mail address? ☒ Yes ☐ No

Back Next

Please browse your computer for claim documents:

Pictures, commercial invoice, claim, POD

The more information is uploaded the faster the claim can be handled.

If you have more than 500 KB to upload please send the files via email to

claimcenter@dsv.com referring to your claim number from X-Net

Click next



► File claim



File claim

Please confirm that the information below is correct.

Client no.:	215629	Contact person:	Master login
Insured location:	Russia, 000 DSV Road - Moscow region, Solnechnogorskiy, district, Dubrovki village, Aeroportovskaya str., Sheriland-2 office	Telephone:	X
Address/location:	XX	E-mail address:	rikke.groenborg@dsv.com
Incident date:	20-12-2012		
Time occurred:	X		
Type of claim:	Freight Forwarders Liability - Damage		
Description:	X		
Damaged items:	X		
Estimate:	0		

Transport

Invoiced Customer:	X
Customer reference:	X
Contractor:	x
Means of Transportation:	Truck
- Container/Trailer No.:	x
Identification:	x
INCO-terms:	
POL:	
POD:	x
Transport Country:	Denmark
B/L Date:	18-12-2012
Transport start:	18-12-2012
Transport reference:	X
Commodity:	Ordinary new commercial goods
Damaged goods in kilo:	10
SDR:	0
SDR-rate of exchange:	0

Claimant

Damaged items:	X
Address:	
Zip Code/Town:	
Telephone:	
Note:	

Tort Feasor

Person causing the loss:	X
Address:	
Zip Code/Town:	
Telephone:	

Total view of all the data that has been entered.

All all is ok, press "Next"



Insights Overview Simplicity

[| Home |](#) [| Risk Management |](#) [| Logout |](#)**Risk Management**User: [Master login](#) , Company: [Russia](#) , last logged in: 20-12-2012[▶ File claim](#)**File claim**

We have received your claims notification. The reference no is: **201218849**
Please refer to the reference no when contacting us.

Thank you for using this service.

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Choose language



Before pressing “OK” please note the claim number, which will be your reference number.

Your claim has now been reported!