X-Net manual





1 Report the claim on X-Net

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

DSV ROAD Germany:

 $\underline{https://xnet.insubiz.dk/default.aspx?id=1\&autologin=true\&cnr=221888\&user=GermanyR\&pass=67z5shbberger and the properties of the propert$

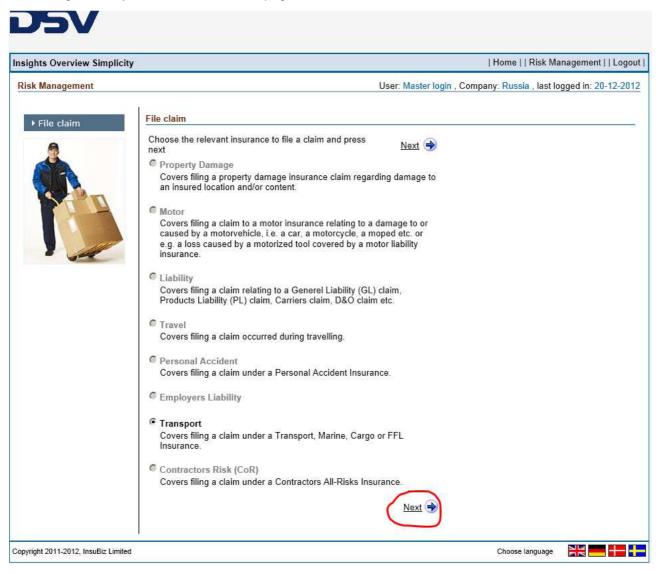
DSV Air & Sea Germany:

https://xnet.insubiz.dk/default.aspx?id=1&autologin=true&cnr=221889&user=Germany&pass=qqrnffu8 DSV Solutions Germany:

https://xnet.insubiz.dk/default.aspx?id=1&autologin=true&cnr=221891&user=GermanyS&pass=cdiuggg1

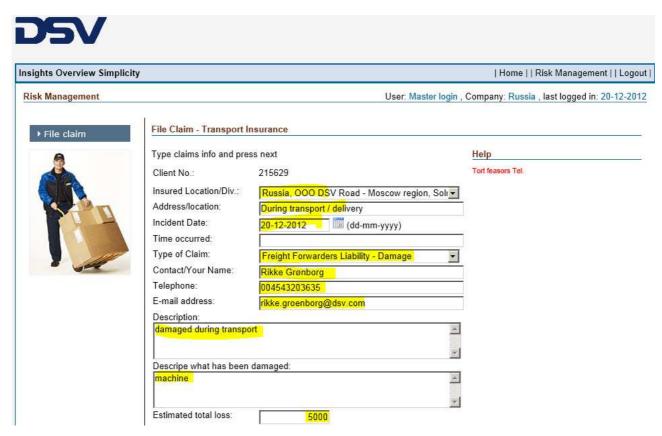
Choose the link from where you are reporting the claim.

After using the link you will enter the below page.



Click next





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

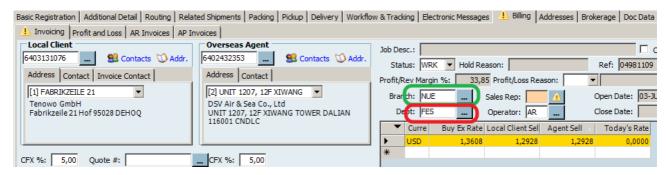
Description:

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"





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 <u>only be used</u>, 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:	T
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

<u>Customer reference:</u> 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

<u>Damaged goods in kilo:</u> State the damaged kg. according to weight limitations.

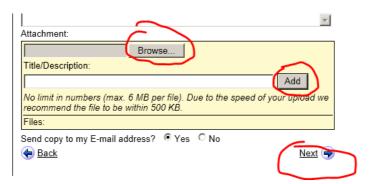
Claimant	
Name:	Supergros
Address:	Bakkedal 4
Zip Code/Town:	2605 Brøndby
Telephone:	004543203635
Note:	
	<u> </u>
Linkle name	<u>V</u>
Liable party	
Name:	Bring Logistics
Address:	XXXXX
Zip Code/Town:	XXX
Zip Code/Town: Telephone:	
•	xxx
Telephone:	xxx
Telephone:	xxx

<u>Claimant:</u> Type name, address for the customer who is claiming

<u>Liable party:</u> Is to be filled by DSV Personnel

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





Please browse your computer for claim documents:

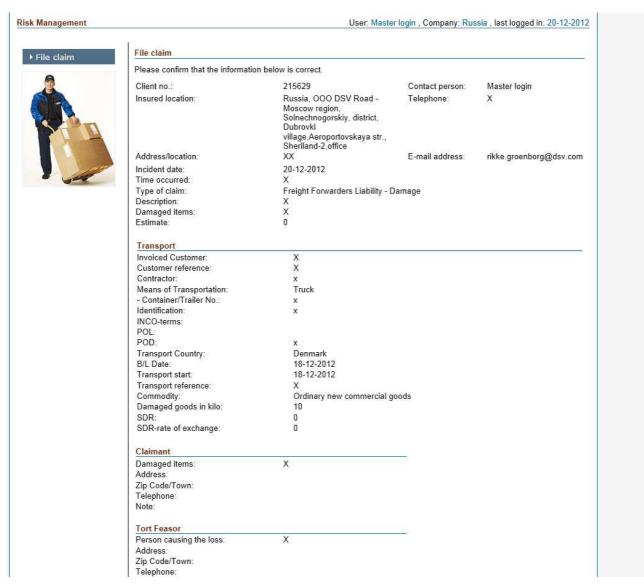
Pictures, commercial invoice, claim, POD

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

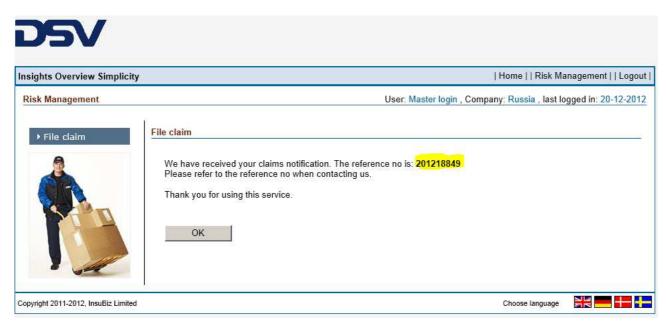




Total view of all the data that has been entered.

All all is ok, press "Next"





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

Your claim has now been reported!