

X-Net manual





1 Report the claim on X-Net

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](#) ➔

Copyright 2011-2012, InsuBiz Limited Choose language

Click next



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 (remember to always report it under Freight Forwarders Liability)

Contact/your contact: Your contact name

Description: description of what happened

Estimated loss: The claimed amount towards DSV



Transport	
Customer Name:	Supergros
Customer reference:	1233
Contractor:	
Means of Transport:	Truck
- Container/Trailer No.:	
INCO-terms:	DDP
Identification:	
POL:	Denmark
POD:	Russia
Transport Country:	Denmark
B/L Date:	18-12-2012 (dd-mm-yyyy)
Transport start:	18-12-2012 (dd-mm-yyyy)
Transport reference:	kdeit-12545
Commodity:	Ordinary new commercial goods
Damaged goods in kilo:	10
SDR:	
SDR-rate of exchange:	

Customer: The name of the customer who is claiming

Customer reference: reference of the customers

Contractor: Name of the haulier

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



Claimant	
Name:	Supergros
Address:	bakkedal 4
Zip Code/Town:	2605 Brøndby
Telephone:	004543203635
Note:	
Tort Feasor	
Name:	Bring logistics
Address:	XXXX
Zip Code/Town:	5XXX XXX
Telephone:	0045XXXX
Note:	

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

Tort feasor: Is to be filled by DSV Personnel

Tort feasor 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.

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"



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.

OK



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

Your claim has now been reported!