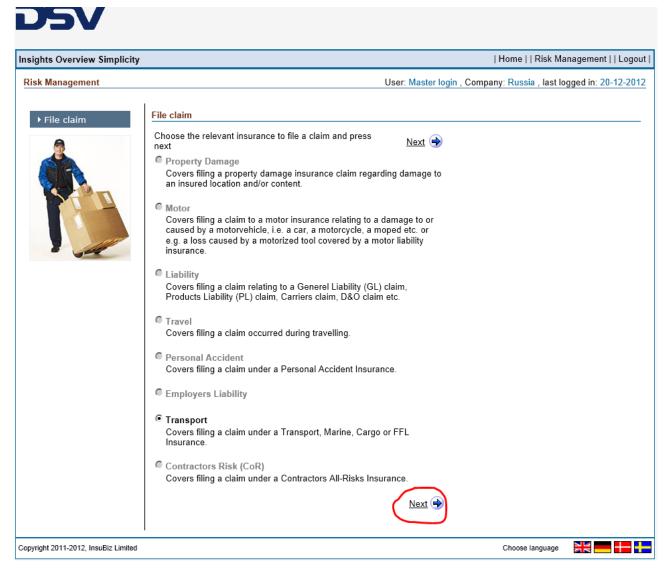
X-Net manual





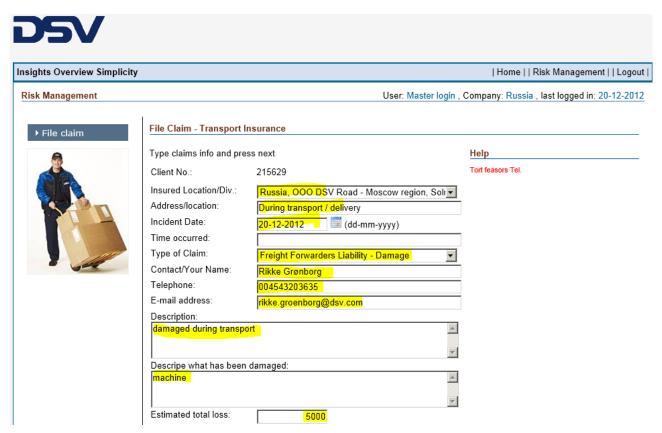
1 Report the claim on X-Net

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 (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



I	
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:	k <mark>deit-12545</mark>
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

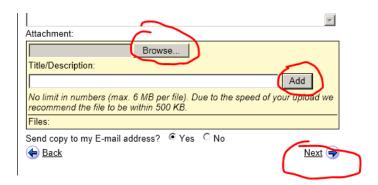


Claimant	
Name:	Supergros
Address:	bakkedal 4
Zip Code/Town:	2605 Brøndby
Telephone:	004543203635
Note:	
Tort Feasor	<u> </u>
Name:	B <mark>ring logistics</mark>
Address:	XXXX
Zip Code/Town:	5XXX XXX
Telephone:	0045XXXX
Note:	
	<u> </u>
1	Y

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.



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

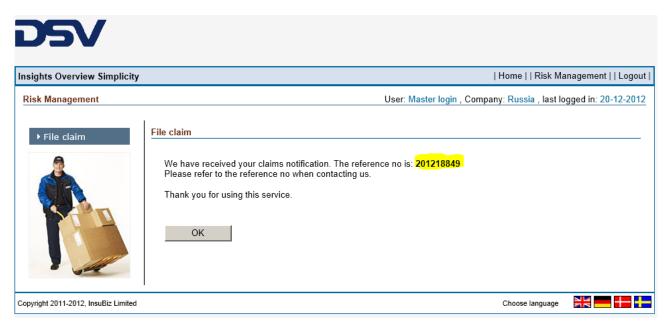


File claim					
Please confirm that the infe	ormation below is correct.				
Client no.:	215629	Contact person:	Master login		
Insured location:	Russia, OOO DSV Road - Moscow region, Solnechnogorskiy, district, Dubrovki village,Aeroportovskaya str., Sheriland-2,office	Telephone:	х		
Address/location:	XX	E-mail address:	rikke.groenborg@dsv.cor		
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 Denmark				
Transport Country: B/L Date:	Denmark 18-12-2012				
Transport start:	18-12-2012 X				
Transport reference: Commodity:	X Ordinary new commercial of	ands.			
Damaged goods in kilo:	Ordinary new commercial (jouds			
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"





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

Your claim has now been reported!