|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Complaint form Kuehne+Nagel Sp. z o.o.** | | | | |
| **Filling date** | **2025-07-28** | | | |
| **Claimant (full name and address)** | Click here to enter the text | | | |
| **Contact details of the notifier (e-mail, telephone)** | Click here to enter the text | | | |
| **Date of loading** | Click here to enter the text | | | |
| **Date of unloading** | Click here to enter the text | | | |
| **Number of Kuehne+Nagel’s order** | Click here to enter the text | | | |
| **Name of the contact person in Kuehne+Nagel** | Click here to enter the text | | | |
| **Details of the complaint** | | | | |
| **Damage**  Cushing  Bursting  Soaking  Soiling  Chipped  Chipping  Bruising  Other | **Delay\***  Delay  Delivery to an incorrect address  (and consequent delay)  Other  \* *not applicable for sea transport* | **Lost**  Total loss of shipment   Partial loss of shipment  Other | **Packaging condition**  Undamaged packaging  Damaged packaging  Unpacked  Other | **Other**  No customs clearance  Other |
| **Net value of the entire consignment** | | **Value of damages claimed** | | |
| **Method of calculation  of damages** | Click here to enter the text | | | |
| **Gross weight of entire consignment** | | **Gross weight of the damaged part of the consignment** | | |
| **Damage determination date** | Click here to enter the text | | | |
| **Additional cargo insurance** | Shipment covered by additional cargo insurance | | | |

**Required documents to be attached depending on the type of damage:**

|  |  |  |
| --- | --- | --- |
| **Damage** | **Delay** | **Lost** |
| The following complaints | The following complaints | The following complaints |
| Documentary evidence of the conclusion of the agreement  Forwarding order  Agreement  Offer | Documentary evidence of the conclusion of the agreement  Forwarding order  Agreement  Offer | Documentary evidence of the conclusion of the agreement  Forwarding order  Agreement  Offer |
| Damage protocol |  | Damage protocol |
| Waybill | Waybill | Waybill |
| Electronic correspondence | Electronic correspondence | Electronic correspondence |
| Commercial invoice |  | Commercial invoice |
| Documentary proof of loss | Documentary proof of loss | Documentary proof of loss |
| Photos\*, (if available), number (insert) | Photos\*, (if available), number (insert) | Photos\*, (if available), number (insert) |
| Estimated repair protocol |  |  |
| Document confirming disposal | Document confirming disposal | Document confirming disposal |

***\*Note: the total weight of the entire message (including images) must not exceed 5MB.***

|  |  |
| --- | --- |
| Date and signature of the claimant: |  |
| 2025-07-28 Date | ...................................................... Signature and stamp |

**In order for Kuehne+Nagel Sp. z o.o. to correctly register a complaint:**

1. **Fill in the form and save to your disk - file name: claimKN\_nameOfYourCompany.**
2. **Note: the name of the file to be saved should not contain Polish characters and ‘spaces’. Breaks between words should be filled with ‘\_’ (underscore).**
3. **Send the saved Form together with the documents to the following address:** [**knpl.nf.claim-rt@kuehne-nagel.com**](mailto:knpl.nf.claim-rt@kuehne-nagel.com)**.   
   Note: the total weight of the entire message must not exceed 5MB.**
4. **After sending a message to the above address, you will receive an automatic system reply.**
5. **You will be contacted by e-mail on receipt of the Complaint Form and the documents. You will receive a letter informing you of the number under which the complaint was registered.**
6. **If you do not receive confirmation that your complaint has been registered and its number, please contact us by telephone or e-mail:** [**pawel.zielinski@kuehne-nagel.com**](mailto:pawel.zielinski@kuehne-nagel.com) **, phone number +48 539 023 109 or** [**karolina.blot@kuehne-nagel.com**](mailto:karolina.blot@kuehne-nagel.com) **phone number +48 532 512 201**