



# CLAIM FORM

Full Name:	Home Phone: Business Phone: Fax Number: E-mail:
Address:	Load Date: Delivery Date: Mode of shipment: Sea ___ Air ___ Was your shipment in storage? Yes ___ No ___ Registration #
Moved From:	When and to whom did you first notify the loss?

Inventory #	Description of Article	Cause of Loss	Covered Value	Replacement Cost/Repair
			Total Amount:	
			Specify Currency:	

The actual value of my shipment at origin was \$ \_\_\_\_\_

I certify that the claim presented is correct and truthful and that no material fact has been omitted.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## Notes for completion of the Claims Form

Please try to complete the claims form with as much detail as you can. In certain circumstances we may appoint a Loss Adjuster to review your claim.

***Claims notification and settlement may be subject to specific arrangements with your employer under any corporate account provisions.***

Listed below are some guidelines to help you complete this form:

**Telephone Numbers:** Please provide us with your phone number so that we can contact you quickly if we need additional information about your claim.

**Disposal of Damaged Items:** Please do not dispose or repair any damaged items.

**Filing Limit:** All Claims for shipments insured by North American Internationals' Transit Protection plan must be received within 30 days from the date of delivery of your shipment.

**Inventory #:** Please include the Inventory Number which you will find on the Packing Inventory.

**Cause of Loss:** In order that we can improve our quality and service, please indicate the cause of loss from the list shown below:

1. Denting/Chipping	5. Missing
2. Scratched	6. Breakage
3. Water/ Moisture Damage	7. Stained/Marked
4. Fire	8. Destroyed

**Cover Value: The value as stated on the Valued Inventory (VI) you prepared. If you did not prepare a VI or did not list the item on the VI you prepared, state the items' replacement value in the following column.**

**Please send your completed claim form to:**

Claim Services Dept.  
PO Box 988  
Ft Wayne, IN 46801

Phone: 260-429-3009  
Toll Free: 1800-470-2851 Option #4 (8AM-5PM EST)  
Fax: (260) 429-3461  
e-mail [claimssupport@sirva.com](mailto:claimssupport@sirva.com)

