

# CLAIM FORM

# baggage hub



Reason Global  
Insuring your reputation

PLEASE PRINT CLEARLY USING BLOCK CAPITALS  
ALL SECTIONS MUST BE COMPLETED

FULL NAME:
ADDRESS:
EMAIL:
PHONE RESIDENCE:
PHONE BUSINESS:
FAX:

CONFIRMATION OF INSURANCE NO:
DATE PREPARED: (SHOWN ON ABOVE DOCUMENT)
DATE YOUR GOODS WERE SHIPPED:
DATE GOODS WERE DELIVERED TO YOUR RESIDENCE:
DATE WHEN AND WHERE YOU DISCOVERED THE LOSS/DAMAGE:
TO WHOM DID YOU NOTIFY THE LOSS/DAMAGE:
WHAT DATE DID YOU NOTIFY YOUR LOSS:
NAME OF THE REMOVER YOU CONTRACTED WITH:
NAME OF DESTINATION AGENT :

Category on Valued Inventory (e.g. A2)	Number on Packing List	Description of Item	Please specify nature of Damage or loss sustained (e.g. missing, broken, chipped, internal damage)	Replacement cost as new at destination	Insured Value	Amount of claim (please specify currency)

**PLEASE CONTINUE ON A SEPARATE SHEET IF REQUIRED.**

TOTAL AMOUNT OF CLAIM:

IN ORDER TO PREVENT POSSIBLE DELAYS WITH YOUR CLAIM PLEASE ENSURE THAT THE FOLLOWING DOCUMENTS ARE SUBMITTED WITH YOUR CLAIM FORM AND WITHIN 60 DAYS OF YOUR INITIAL NOTIFICATION.

- ✓ ORIGINAL CONFIRMATION OF INSURANCE;
- ✓ COPY OF APPLICATION FOR INSURANCE (VALUED INVENTORY);
- ✓ WRITTEN PROFESSIONAL ESTIMATES OF REPAIR;
- ✓ WRITTEN PROFESSIONAL ESTIMATES OF REPLACEMENT FOR MISSING ITEMS OR DAMAGED ITEMS. ITEMS BEYOND REPAIR SHOULD BE VERIFIED IN WRITING BY A PROFESSIONAL SOURCE;
- ✓ PHOTOGRAPHS OF ALL DAMAGED ITEMS;
- ✓ PACKING LIST;
- ✓ COPY OF THE FORM YOU SIGNED WHEN YOU TOOK POSSESSION OF YOUR GOODS (DELIVERY RECEIPT);
- ✓ PRE-SHIPMENT AND DESTINATION AUTOMOBILE REPORTS (IF APPLICABLE – i.e. IF YOUR VEHICLE SUSTAINED DAMAGE IN TRANSIT);

RE-IMBURSEMENT REQUESTED IN: **US\$ / GB£ / EURO**

FUNDS WILL BE ISSUED BY BANK TRANSFER. PLEASE COMPLETE THE FOLLOWING:

BANK NAME:
BANK ADDRESS:
BRANCH/SORT CODE:
ACCOUNT NUMBER:
NAME OF ACCOUNT HOLDER:

I CERTIFY THAT THE CLAIM PRESENTED IS CORRECT AND TRUTHFUL AND THAT NO MATERIAL INFORMATION HAS BEEN OMITTED. I UNDERSTAND THAT IF THE CLAIM IS IN ANY RESPECT FRAUDULENT ALL BENEFIT UNDER THE INSURANCE WILL BE FORFEITED.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_