



SAVANNAH MARINE

HOUSEHOLD GOODS AND PERSONAL EFFECTS CLAIM FORM

Full Name _____

State name of the Remover you contracted with _____

Address _____

When was it delivered to you residence? _____

Country _____

When and where did you discover your loss? _____

Phone Residence _____

Phone Business _____

How did your loss occur? _____

Was your shipment insured under any other policy or Insurance contract? _____

Was the damaged or lost items your own property? _____

What is the full replacement value at destination of your property insured? _____

When and to whom did you first notify the loss? _____

When was your shipment packed? _____

When was it shipped? _____

When did it arrive? _____

Date _____

Number on Application Form	Description of Article	Please tick the relevant column								Number on Packing List	Inventory Value	Amount of Claim
		Missing	Broken	Torn	Stained	Marked	Chipped	Dented	Scratched			

TOTAL CLAIM _____

The following items must be included with this claim form:

- Original Confirmation of Insurance
- Photographs of damaged items
- Written estimates for repair or replacement
- Packing List (if available)
- Copy of the form you signed when you took possession of Your goods showing the exceptions you took. (Delivery receipt)
- Copy Application for Insurance Form

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

Evidence of loss or damage must be substantiated in accordance with the terms and conditions of the policy. Failure to comply with this may prejudice your claim.

Signed _____

Date _____