

THE ACTUAL VALUE OF MY SHIPMENT AT ORIGIN WAS (TO THE NEAREST \$100):

\$ _____

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 Allied 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. Wettage	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