



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

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