

To file a claim answer ALL questions below.

Fill in, print and sign the form and send it to **Atlas Insurances Ltd** by email, to claims@atlas-insurances.com (scanned),
by fax: 1-646-607-8792 / 972-3-6393599 or by mail.

Assured's Name

Your Name

Phone-1 Phone-2 Fax

Email

Policy No. Endt. No. Dated

Insurance Broker Freight Forwarder

Location of Goods

Shipped From B/L Date

Arrival Date at Port of Destination Delivery Date to Final Warehouse

Describe nature of loss / damage to merchandise.

- Were the lost or damaged articles:
- a. Insured under any other policy or insurance contract? Yes No
 - b. Brand new ? Yes No

Approximate Total of Claim **US\$**

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

Signature

Date

The following items are included with this claim form:

- Copy of Confirmation of Insurance.
- Ocean / Air /Overland Bill of Lading.
- Suppliers Invoice.
- Port Certificate confirming the loss.
- Copy of claim letter against carriers and /or bailees and their reply.
- Packing List.
- Photographs of the damaged items.
- Copy of the form you signed when taking possession of your goods, showing the exceptions you took.