

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.

Name

Address

Country Phone Fax

Email

Policy No. Endt. No. Dated

Company Name of Freight Forwarder / Mover who handled your move:

At Origin At Destination

Date & Place Loss Discovered

Packing Date Departure Date of Shipment

Arrival Date at Country of Destination Delivery Date to Residence

Describe, to the best of your knowledge, how the loss or damage occurred.

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

Packing List No.	Full Description of Articles and Details of Loss / Damage	Purchase Price US\$	Year of Purchase	Amount of Claim US\$
Total Amount of Claim US\$				

I 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.
 - Written professional estimates for repair or replacement.
 - Insurance Inventory Form filled in by you before shipment .
 - Packing List.
 - Copy of the form you signed when taking possession of your goods, showing the exceptions you took.
 - Photographs of the damaged items.